

IN THE UNITED STATES COURT  
NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION  
OPIATE LITIGATION MDL No. 2804  
Case No.  
17-mdl-2804  
Judge Dan Polster

This document relates to:  
The County of Cuyahoga, Ohio, et al., v.  
Purdue Pharma L.P., et al.,  
Case No. 1:17-OP-45004 (N.D. Ohio)

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Videotaped deposition of  
DEREK SIEGLE  
January 23, 2019  
9:20 a.m.

Taken at:  
Baker Hostetler, LLP  
127 Public Square, Suite 2000  
Cleveland, Ohio  
Wendy L. Klauss, RPR



<p style="text-align: right;">Page 6</p> <p>1 INDEX OF VIDEO OBJECTION</p> <p>2 OBJECT PAGE</p> <p>3 objection..... 199</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 8</p> <p>1 I mentioned before, I'm Stephen Raiola with the</p> <p>2 law firm of the Covington &amp; Burling, and I</p> <p>3 represent McKesson.</p> <p>4 Can you please state and spell your</p> <p>5 full name for the record.</p> <p>6 A. Yeah. Derek, D-E-R-E-K, last name</p> <p>7 Siegel, S-I-E-G-L-E.</p> <p>8 Q. Can you also state your address for</p> <p>9 the record, please.</p> <p>10 A. Yes. 5082 West 5th Street,</p> <p>11 Brooklyn Heights, Ohio, 44131.</p> <p>12 Q. Have you ever testified at a</p> <p>13 deposition before?</p> <p>14 A. I have not.</p> <p>15 Q. Have you ever otherwise testified</p> <p>16 under oath before?</p> <p>17 A. Yes, I have.</p> <p>18 Q. When did you testify?</p> <p>19 A. During my career in law</p> <p>20 enforcement.</p> <p>21 Q. Were those trials, cases?</p> <p>22 A. Yeah. Grand jury and trials.</p> <p>23 Q. What type of trials?</p> <p>24 A. I think from white collar crime,</p> <p>25 bank fraud, telemarketing fraud, to drug cases</p>
<p style="text-align: right;">Page 7</p> <p>1 THE VIDEOGRAPHER: It is 9:20 a.m.</p> <p>2 We are on the record. Will the court reporter</p> <p>3 please swear in the witness.</p> <p>4 DEREK SIEGLE, of lawful age, called</p> <p>5 for examination, as provided by the Statute,</p> <p>6 being by me first duly sworn, as hereinafter</p> <p>7 certified, deposed and said as follows:</p> <p>8 MR. RAIOLA: Stephen Raiola,</p> <p>9 Covington &amp; Burling, on behalf of McKesson.</p> <p>10 MR. STEPHENS: Neal Stephens, from</p> <p>11 Jones Day, on behalf of Walmart.</p> <p>12 MR. O'BRIEN: Greg O'Brien, Taft</p> <p>13 Stettinius &amp; Holster, here representing Derek</p> <p>14 Siegle.</p> <p>15 THE NOTARY: On the phone, please.</p> <p>16 MS. HAJIAN: Neda Hajian, from</p> <p>17 Arnold &amp; Porter, on behalf of Endo and Par.</p> <p>18 MR. MILLER: Hayden Miller, from</p> <p>19 Ropes &amp; Gray, on behalf of Mallinckrodt LLC and</p> <p>20 SpecGx LLC.</p> <p>21 EXAMINATION OF DEREK SIEGLE</p> <p>22 BY MR. RAIOLA:</p> <p>23 Q. Good morning, Mr. Siegel.</p> <p>24 A. Good morning.</p> <p>25 Q. Thank you for being here today. As</p>	<p style="text-align: right;">Page 9</p> <p>1 or kidnappings or sexual assaults on the Indian</p> <p>2 reservation.</p> <p>3 Q. Any opioid cases?</p> <p>4 A. Not that I recall.</p> <p>5 Q. Have you testified before any</p> <p>6 legislative bodies under oath before?</p> <p>7 A. I do not believe under oath, but I</p> <p>8 have testified, provided testimony to</p> <p>9 legislative bodies.</p> <p>10 Q. Which legislative bodies have you</p> <p>11 testified before?</p> <p>12 A. The state legislature here in Ohio,</p> <p>13 some of the subcommittees that they had dealing</p> <p>14 with marijuana, and also I was in Washington,</p> <p>15 D.C., and I don't remember the name of the</p> <p>16 subcommittee that I testified regarding the</p> <p>17 HIDTA program. That was probably last spring.</p> <p>18 Q. Approximately how many times would</p> <p>19 you say you have testified before legislatures?</p> <p>20 A. Probably four.</p> <p>21 Q. And in all, about marijuana?</p> <p>22 A. Normally about marijuana or</p> <p>23 forfeiture laws, things that have to do with</p> <p>24 drug law enforcement.</p> <p>25 Q. And then when you testified in DC</p>

<p style="text-align: right;">Page 10</p> <p>1 regarding the HIDTA program, can you briefly 2 discuss, kind of, what your testimony was 3 about? 4 A. It was about what the HIDI program 5 is, how we work with state and locals, why we 6 should remain under -- the Office of National 7 Drug Control Policy program is a grant program, 8 rather than being moved to the Drug Enforcement 9 Administration, and what we do as a program and 10 how successful we are. 11 Q. Okay. I'm going to go over a few 12 ground rules of the deposition today, since you 13 haven't been deposed before. 14 First, the court reporter swore you 15 in at the beginning of the deposition today. 16 Do you understand that that means that you are 17 testifying under oath today and that your 18 testimony will have the same effect as if you 19 were testifying under oath in court? 20 A. I do. 21 Q. I'll do my best to ask questions 22 that you can understand. Sometimes I'll 23 probably say something that's confusing. If 24 you don't understand one of my questions, 25 please just ask me to rephrase it, and I'll do</p>	<p style="text-align: right;">Page 12</p> <p>1 break, you can tell me that you need a break. 2 I'll try and break every hour, but all I'll ask 3 is that you answer the pending question before 4 we go on break, okay? 5 A. Okay. 6 Q. Is there any reason why you cannot 7 give complete and truthful testimony today? 8 A. No, there is not. 9 Q. What, if anything, did you do to 10 prepare for today's deposition? 11 A. We provided documents and reviewed, 12 you know, not densely for the deposition, but 13 according to the subpoena for documents, and I 14 met with my attorney one time regarding the 15 deposition. 16 Q. How long did you meet about the 17 deposition? 18 A. Probably an hour and a half. 19 Q. Was there anyone else present 20 besides Mr. O'Brien? 21 A. No, there was not. 22 Q. Besides meeting with Mr. O'Brien, 23 did you review any documents in preparation for 24 your deposition today? 25 A. Only the ones that we were</p>
<p style="text-align: right;">Page 11</p> <p>1 my best to give you a question that makes sense 2 to you, okay? 3 A. Okay. Thank you. 4 Q. Conversely, if I ask a question and 5 you give an answer, then I'll take it as a sign 6 that you understood the question, okay? 7 A. Okay. 8 Q. The court reporter is typing your 9 answers to my questions, so it is important for 10 you to answer audibly instead of -- by saying 11 yes or no, rather than by nodding or saying 12 uh-huh, okay? 13 A. Alrighty. 14 Q. And it is important that we take 15 turns speaking, because if we both speak at the 16 same time, the court reporter won't be able to 17 type what we are both saying, okay? 18 A. Okay. 19 Q. Your counsel may have objections to 20 some of my questions. Unless counsel instructs 21 you not to answer, you are obligated to answer 22 that question, once your counsel has made an 23 objection for the record, okay? 24 A. Okay. 25 Q. Finally, if at any point you need a</p>	<p style="text-align: right;">Page 13</p> <p>1 preparing for the turnover, pursuant to the 2 document subpoena, as we were preparing some of 3 those. But specifically for this, no. 4 Q. Did you review the complaint in 5 this case? 6 A. I did not. 7 Q. Did you talk to anyone other than 8 attorneys and some of the law enforcement 9 officers that work in Ohio HIDTA about the 10 deposition today? 11 A. No, I did not. 12 Q. Did you do any independent 13 literature searching or Google anything on the 14 internet? 15 A. I did not. 16 Q. When were you first told that you 17 would be giving a deposition in this case? 18 A. Whenever the subpoena from the 19 district court was accepted at the Ohio HIDTA, 20 and I was out of town the day it was accepted, 21 and I don't remember exactly what day that was, 22 but I believe it was in December, maybe 23 November. 24 Q. What specifically were you told 25 about the deposition today?</p>

<p style="text-align: right;">Page 14</p> <p>1 A. As far as my understanding or 2 who -- 3 Q. Yeah. What's your understanding of 4 the -- 5 A. My understanding is that there has 6 been a lawsuit filed by the City of Cleveland, 7 City of Akron, and their two counties against 8 pharmaceutical companies regarding the 9 pharmaceutical and opioid problem, and that's a 10 general term. I haven't really researched it, 11 I haven't read it, and, as I said, I haven't 12 read the complaint. 13 Q. Do you have an understanding of who 14 the defendants in this case are? 15 A. I do not. Other than the general 16 term "pharmaceutical companies." 17 Q. Do you understand that there are 18 three different categories of defendants, 19 including manufactures, distributors and retail 20 pharmacies in this case? 21 A. I did not know that. 22 Q. Do you know the difference -- do 23 you understand the differences between 24 manufacturers, distributors and retail 25 pharmacies?</p>	<p style="text-align: right;">Page 16</p> <p>1 from Walsh College in 1982. 2 Q. Do you have any higher education 3 after that? 4 A. No, I don't. 5 Q. Any certifications or training? 6 A. I've been through the police 7 academy here in Ohio and the FBI academy. 8 Q. Where are you employed currently? 9 A. The Ohio HIDTA, High Intensity Drug 10 Trafficking Area Program. 11 Q. And HIDTA would be the acronym -- 12 A. Acronym. 13 Q. -- for High Intensity Drug 14 Trafficking Area Program, correct? 15 A. Yes, sir. 16 I'm actually an employee of the 17 City of Independence, because they act as our 18 fiduciary. 19 THE NOTARY: Make sure you let him 20 finish the question, please. 21 THE WITNESS: Okay. 22 Q. And you are currently the executive 23 director of Ohio HIDTA; is that correct? 24 A. Yes, sir. 25 Q. How long have you been the</p>
<p style="text-align: right;">Page 15</p> <p>1 A. I think I do. 2 Q. And what's the difference, as far 3 as you understand? 4 A. Well, the manufacturer makes them 5 and has the plant that puts them together, the 6 distributors put them out there to the medical 7 sales people, who provide them to the doctors 8 and the hospitals, would be my guess. 9 Q. And that's just your own 10 speculation; you're not personally familiar 11 with it -- 12 A. No, I'm not. No, I don't deal with 13 the pharmacy business or any enforcement in 14 that area. 15 Q. Have you ever spoken, to the best 16 of your knowledge, with any of the defendants 17 in this case at all? 18 A. I do not believe I ever have. 19 Q. Where are you from originally? 20 A. Columbus, Ohio. 21 Q. And where do you currently live? 22 A. Brooklyn Heights, Ohio. 23 Q. Can you briefly describe your 24 educational background? 25 A. I have a bachelor's in accounting</p>	<p style="text-align: right;">Page 17</p> <p>1 executive director of Ohio HIDTA? 2 A. Since August 1 of 2009. 3 Q. Is that when you started, first 4 started working for Ohio HIDTA? 5 A. Yes, sir. 6 Q. What are your responsibilities as 7 the executive director of Ohio HIDTA? 8 A. I manage the day-to-day operations 9 of the Ohio HIDTA, as far as the budget goes, 10 the performance of our initiatives or task 11 forces, that they are, you know, using the 12 funds as appropriated to them by the executive 13 board, and that we are complying with the 14 Office of National Drug Control Policy policy 15 and guidelines for the HIDTA program, period. 16 I don't know if it would help if I 17 gave a little bit of what HIDTA is. A lot of 18 people don't know what our function is. I 19 don't know if that would help. 20 Q. Yeah. We can turn right there. So 21 what is a High Intensity Drug 22 Trafficking Area -- 23 A. We are a federal drug program 24 funded out of the Office of National Drug 25 Control Policy, or ONDCP, and our primary</p>

<p style="text-align: right;">Page 18</p> <p>1 function as a grant program is to provide  2 funding to our task forces or initiatives that  3 are in HIDTA-designated counties. We have to  4 be a HIDTA-designated county to spend money in  5 those counties. Not every county qualifies.  6 And so our primary mission is a  7 funding mechanism to provide funding to the  8 drug task forces for whatever purpose they deem  9 appropriate that they need to help their  10 operations.  11 We are not operational, we do not  12 conduct investigations, we do not control  13 investigations, we do not tell anybody how to  14 do investigations or who to investigate or what  15 types of investigations to operate.  16 The second thing we do is we  17 provide training. We are required to have a  18 training program, so we offer training to our  19 task forces and other law enforcement agencies  20 on various means of drug investigations,  21 undercover investigations, sometimes whatever  22 they have requested, and we set up the training  23 and pay for it, and they attend the training,  24 and the trainers come from outside of. They  25 are not HIDTA employees or HIDTA, you know,</p>	<p style="text-align: right;">Page 20</p> <p>1 - - - - -  2 Q. Do you recognize this document?  3 A. I do.  4 Q. What is it?  5 A. It is the 2017 annual report for  6 the Ohio HIDTA.  7 Q. And you prepare annual reports like  8 these every year?  9 A. Yes, we prepare annual reports  10 every year.  11 Q. Can you turn to page 001025.  12 A. Would you repeat that, please.  13 Q. Yeah. 001025.  14 A. Yes, I'm there.  15 Q. And is this -- this is the 2017  16 Ohio HIDTA organizational chart; is that  17 correct?  18 A. Yes, sir.  19 Q. Is this organizational structure  20 the same way Ohio HIDTA operates today?  21 A. Yes, it is. I would have to look  22 real quickly at the investigative initiatives  23 that we continue to add and grow.  24 So currently -- this was at the end  25 of 2017. During 2018, we added other task</p>
<p style="text-align: right;">Page 19</p> <p>1 workers.  2 Then the third thing we do is  3 provide case support to our investigative  4 support center, which is staffed with criminal  5 intelligence analysts, and they do things that  6 are requested by the investigating agencies and  7 task forces to support their case.  8 All requests come from them, they  9 don't do any independent investigation, and  10 that support could be in the form of cell phone  11 analysis, cell phone ping analysis, GPS data  12 analysis, link analysis, and those types of  13 things, to support the investigator, and all  14 the information that comes from HIDTA comes  15 from our task forces.  16 Q. I'm going to have the court  17 reporter mark as Exhibit 1 a document that is  18 Bates stamped OH-HIDTA 000989.  19 - - - - -  20 (Thereupon, Deposition Exhibit 1,  21 Ohio High Intensity Drug Trafficking  22 Area 2017 Annual Report, Beginning  23 with Bates Label OH-HIDTA 000989,  24 was marked for purposes of  25 identification.)</p>	<p style="text-align: right;">Page 21</p> <p>1 forces that we fund down in Franklin County,  2 Ohio, Lorain -- let's see. Let me see if  3 Lorain is on here -- yeah, Lorain is on here.  4 We added Franklin County Drug Task  5 Force, I don't believe they are on here, and  6 the major crimes unit in Fairfield County,  7 Ohio, and we have added three counties in  8 Western Pennsylvania that have just come on  9 board the Ohio HIDTA, and this will be updated  10 in the next annual report.  11 And we have added one executive  12 board member, who is the U.S. Attorney in the  13 Western District of Pennsylvania. So there is  14 actually 24 members on the executive board now.  15 Q. Now, according to this chart, there  16 are four main initiatives: the investigative  17 support initiative, the training initiative,  18 the management coordination initiative, and  19 then there is a bunch of investigative  20 initiatives; is that correct?  21 A. Yes, sir.  22 Q. And I believe in one of your  23 previous answers, you talked a little bit about  24 these.  25 What is the management and</p>



<p style="text-align: right;">Page 22</p> <p>1 coordination initiative?</p> <p>2 A. That's comprised of myself; my</p> <p>3 deputy director sits in Columbus, Ohio; a</p> <p>4 financial manager and my executive assistant</p> <p>5 and office manager, who also is a training</p> <p>6 coordinator, so she wears both hats; and we,</p> <p>7 again, make sure the money is spent right, the</p> <p>8 budgets are completed, the training program</p> <p>9 operates efficiently, and that our task forces</p> <p>10 or initiatives are operating as they should be</p> <p>11 and spending the money correctly. It's a</p> <p>12 management coordination oversight initiative.</p> <p>13 Q. Is that the initiative that manages</p> <p>14 the day-to-day operations of HIDTA?</p> <p>15 A. Of HIDTA, but not of the</p> <p>16 initiatives.</p> <p>17 Q. You talked a little bit about the</p> <p>18 training initiative in your prior answer. How</p> <p>19 does the training initiative go about deciding</p> <p>20 what training to provide to Ohio HIDTA each</p> <p>21 year?</p> <p>22 A. She will canvas the task force</p> <p>23 commanders who run each of the initiatives, she</p> <p>24 will talk to other law enforcement members, she</p> <p>25 will talk to the executive board, which is</p>	<p style="text-align: right;">Page 24</p> <p>1 counties in Western Pennsylvania.</p> <p>2 Q. And those counties in Northern Ohio</p> <p>3 include Cuyahoga County and Summit County; is</p> <p>4 that correct?</p> <p>5 A. Yes.</p> <p>6 Q. Have Summit County and Cuyahoga</p> <p>7 County always been in Ohio HIDTA --</p> <p>8 A. Yes. They were since we started in</p> <p>9 1999. They were part of the original five</p> <p>10 counties.</p> <p>11 Q. In 2018, what trainings has Ohio</p> <p>12 HIDTA offered?</p> <p>13 A. I do not know, off the top of my</p> <p>14 head. We have a training list, and I believe</p> <p>15 that's been provided as part of the documents</p> <p>16 that have or will be turned over.</p> <p>17 Q. Do you know if any of the trainings</p> <p>18 related to opioids or prescription opioids?</p> <p>19 A. I do not know, off the top of my</p> <p>20 head.</p> <p>21 Q. Investigative support center</p> <p>22 initiative, can you talk a little bit more</p> <p>23 about that?</p> <p>24 A. Yes. That's where the case support</p> <p>25 occurs, where the analysts provide some of the</p>
<p style="text-align: right;">Page 23</p> <p>1 comprised primarily of all law enforcement</p> <p>2 personnel, to see what their needs are, what</p> <p>3 classes they would like, and over the years of</p> <p>4 dealing with people who provide law enforcement</p> <p>5 training, they will contact her with new</p> <p>6 training, and she will prepare a training</p> <p>7 schedule that fits within her budgeted -- you</p> <p>8 know, her budget for every year, and put that</p> <p>9 schedule out to everybody.</p> <p>10 Q. And when you provide training, you</p> <p>11 provide it to all the members of Ohio HIDTA; is</p> <p>12 that correct?</p> <p>13 A. Yes. It is open to all our</p> <p>14 initiatives first, so anybody who is</p> <p>15 participating in those initiatives that are</p> <p>16 listed at the bottom of the chart there, and</p> <p>17 then if there is open spaces, to any law</p> <p>18 enforcement personnel.</p> <p>19 Q. What region does Ohio HIDTA</p> <p>20 encompass, just so that we've, kind of, got</p> <p>21 down, you know, every county that's currently</p> <p>22 in Ohio HIDTA?</p> <p>23 A. Well, if you look, I believe it's</p> <p>24 listed here, but there is 15 counties in Ohio,</p> <p>25 three counties in Northern Kentucky, and three</p>	<p style="text-align: right;">Page 25</p> <p>1 things I talked about earlier, cellphone</p> <p>2 analysis, the pinging of cellphone analysis,</p> <p>3 social media research on subjects or targets,</p> <p>4 GPS matters and charting that out, link</p> <p>5 analysis, to make connections between</p> <p>6 individuals and organizations.</p> <p>7 And we also, through there, provide</p> <p>8 what we call deconfliction, which is a system</p> <p>9 that has two functions. There is event</p> <p>10 deconfliction, that the law enforcement officer</p> <p>11 goes in and says, I'm going to be either buying</p> <p>12 drugs, selling drugs, doing surveillance,</p> <p>13 making an arrest or something in this specific</p> <p>14 area.</p> <p>15 And the system is set at different</p> <p>16 areas, depending how close in proximity you</p> <p>17 want that circle to be, it will tell you if</p> <p>18 somebody else in law enforcement is doing</p> <p>19 something in that area, that day at that time.</p> <p>20 That's really to prevent what we</p> <p>21 call a blue-on-blue incident, so that, you</p> <p>22 know, for instance, DEA is not selling drugs</p> <p>23 and FBI is buying drugs, and we are doing it</p> <p>24 with each other.</p> <p>25 You know, where you're in the same</p>

<p style="text-align: right;">Page 26</p> <p>1 area, in an undercover capacity, to prevent 2 officers from, you know, drawing down on each 3 other. So they know that there is other law 4 enforcement. 5 The other function of deconfliction 6 is what we call subject or target 7 deconfliction, where a name or an address or 8 something can be entered by an investigative 9 agency when they open an investigation, and it 10 will show them immediately, and both sides will 11 receive a notice that, hey, there is a 12 conflict, you better contact so and so at this 13 agency. 14 And it prevents duplication of 15 effort, and things like that, so we're not 16 working the same subjects and not knowing it. 17 Q. Can you talk a little bit more 18 about what an investigative initiative is? 19 A. Those are our task forces that -- 20 as I said, we fund -- I didn't say. We fund, I 21 would say, 17 what I would call traditional 22 drug task forces: those task forces that are 23 out there investigating drug trafficking 24 organizations, drug dealers, and then we also 25 fund two U.S. Marshals in the two districts in</p>	<p style="text-align: right;">Page 28</p> <p>1 have any -- Ohio HIDTA doesn't otherwise have 2 any direct involvement with the day-to-day 3 operations -- 4 A. That's correct. 5 Q. -- of those initiatives? 6 How do you measure return on your 7 investment? 8 A. We look at what we fund each task 9 force. So if they receive \$100,000, we will 10 compare it to what assets have you seized, 11 whether it be cash or property, and also what 12 is the wholesale value of drugs that you have 13 removed from the street, and then do the, you 14 know, division and say, for every dollar we 15 give you, you give back \$5 or \$10. 16 Q. And how do you decide which task 17 force to allocate money to? 18 A. The executive board is the final 19 decision on all the things that happen through 20 HIDTA, and initially, the budget was set before 21 I ever got here, and we look at it on an annual 22 basis, and the board can make adjustments for, 23 you know, if they have more people, less 24 people, or if we have to spread the money more 25 frugally through more task forces as we add</p>
<p style="text-align: right;">Page 27</p> <p>1 Ohio, the northern district and the southern 2 district, as they arrest drug fugitives, so 3 they are allowed to receive HIDTA funding, and 4 we also provide money to the Ohio State Highway 5 Patrol for interdiction on the highway. 6 But each of those operations 7 operate, either the task force -- or controlled 8 by the task force commander, on a daily basis, 9 and what is investigated and how it is 10 investigated. 11 Again HIDTA, and the policy of the 12 HIDTA is very clear that HIDTA does not make 13 any operational decisions or control anything 14 operationally. They really operate independent 15 of the Ohio HIDTA, other than we make sure that 16 the money is spent, you know, in the categories 17 they say and that it is being spent correctly, 18 and at the end of year, on an annual basis, 19 that they are performing and we are getting a 20 return on our investment. 21 Q. So is it fair to say then that 22 other than providing funding to those 23 initiatives and then periodically, at the end 24 of the year, looking at their deliverables and 25 seeing what they are needing, that you don't</p>	<p style="text-align: right;">Page 29</p> <p>1 initiatives, but it is up to the executive 2 board who is funded how much. 3 Q. I want to briefly go back through a 4 few questions on your background. Before you 5 were the executive director of HIDTA, where did 6 you work? 7 A. I was the assistant special agent 8 in charge for the Cleveland FBI. 9 Q. And how long were you in that 10 position? 11 A. Approximately three and a half 12 years. 13 Q. And what were your responsibilities 14 in that role? 15 A. I was responsible for all the 16 criminal programs that the FBI worked and also 17 the administrative operations of the office. 18 Q. So that would have been around 2006 19 to 2009? 20 A. Yes, sir. 21 Q. Did any of the criminal programs 22 that the FBI operated then relate to opioids or 23 prescription opioids? 24 A. We had a drug squad, that is a 25 participant in the Northern Ohio Law</p>



<p style="text-align: right;">Page 30</p> <p>1 Enforcement Task Force, that was set up to 2 address drugs, but it was not set up 3 specifically for one drug or another. 4 Q. Can you summarize the rest of, kind 5 of, your professional background, going back 6 from when you graduated college until you 7 worked for the FBI? 8 A. After college, I worked at a public 9 accounting firm for a couple years, was laid 10 off after tax season. 11 I'll tell you the whole story, but 12 worked construction for a little while, decided 13 I didn't want to be an accountant. What do you 14 do with an accounting degree? I knew the FBI 15 hired accountants, so I applied at the FBI, 16 didn't get in the first go-around, so I became 17 a police officer in Twinsburg, Ohio for two 18 years, reapplied at the FBI and was successful 19 in getting into the FBI. 20 After graduation from the academy 21 in 1987, I was assigned to the Albuquerque 22 division, where I worked primarily white collar 23 crime, based on my background, but also worked 24 for approximately a year on the drug squad down 25 there.</p>	<p style="text-align: right;">Page 32</p> <p>1 Washington, D.C., in the Office of Professional 2 Responsibility, which is our internal affairs, 3 and was there for approximately two years as -- 4 was promoted to assistant section chief of the 5 financial crimes section at FBI headquarters, 6 where I was for about two to three years. 7 And then my last stop was assistant 8 special agent in charge of Cleveland, which you 9 said would have been, I believe, March of 2009 10 to August of -- I mean 2006 to August of 2009. 11 Q. And approximately the past ten 12 years you have been at HIDTA? 13 A. The HIDTA. 14 Q. As a result of your employment as 15 the executive director of Ohio HIDTA, do you 16 consider yourself to have expertise in the drug 17 markets, drug threats, the drug trafficking 18 trends in the Ohio HIDTA region? 19 A. I don't consider myself an expert. 20 I consider myself a compiler of information, as 21 where all our information that goes into these 22 reports comes from those investigative 23 initiatives that are listed on the chart there. 24 All the data that we compile and 25 use in our reports either comes from the</p>
<p style="text-align: right;">Page 31</p> <p>1 I was then transferred to the 2 Marquette Resident Agency in the Upper 3 Peninsula of Michigan, out of the Detroit 4 division, and again primarily worked white 5 collar for the first part of the four years I 6 was there, and then became more of a general 7 whatever-happened-in-the-area. So there were 8 Indian crimes, bank robberies, things like 9 that. 10 I transferred to FBI headquarters 11 in 1995 and spent approximately two years, two 12 and a half years in the financial institution 13 fraud unit, and then was transferred to be a 14 supervisor in the Louisville, Kentucky 15 division, where I supervised the white collar 16 crimes squad for approximately two, two and a 17 half years. 18 Transferred back to FBI 19 headquarters, as a unit chief in the program 20 called Public Safety Wireless Network Program, 21 which dealt with inoperability issues and 22 public safety. 23 Following that, I transferred to 24 the Billings, Montana Resident Agency, where I 25 worked as an agent for two years. Went back to</p>	<p style="text-align: right;">Page 33</p> <p>1 information gleaned from their investigations 2 and their operations, or from outside agencies, 3 such as department of health, county medical 4 examiners and such. 5 Q. And do you have any reason to doubt 6 any of the information you are provided? 7 A. No, I do not. 8 Q. And are you involved at the end of 9 every year with the preparation of the annual 10 reports, the Exhibit 1 that's in front of you? 11 A. Yes, I am. 12 Q. So every year when -- is it fair to 13 say that every year you collect at least the 14 information that all those agencies provide to 15 you to come up with the various threat 16 assessments for the Ohio HIDTA region? 17 A. Yes. 18 Q. So would you say then that even 19 though you don't personally know the data 20 that -- even though you are not personally 21 familiar with the data that's provided to you, 22 you are familiar with all the data when it 23 comes in to you and -- strike that. That was a 24 bad question. 25 Is it fair to say then that you are</p>

<p style="text-align: right;">Page 34</p> <p>1 generally familiar with the drug trafficking 2 trends in the region, as they are reported to 3 you? 4 A. I'm familiar with the data that we 5 put into our performance management process 6 system, or PMP, that is provided by the 7 initiatives on a quarterly basis, as far as 8 their accomplishments. 9 Q. What is the process for sourcing 10 the data in the HIDTA annual reports? 11 A. I'm not sure I understand what you 12 are mean by "sourcing." 13 Q. Reviewing the data before putting 14 it into the annual report? 15 A. Well, the PMP data, which is -- we 16 see the core tables listed in here, where it 17 talks about drug trafficking organization 18 seizures. That is provided by the task force 19 commanders on a quarterly basis. We have a PMP 20 coordinator who inputs that into the system, 21 the PMP system, and she reviews it. 22 When we meet with them, you know, 23 we, on an annual basis, we go over that data 24 and to make sure it is accurate. And that 25 comprises most of the statistical data that</p>	<p style="text-align: right;">Page 36</p> <p>1 recorded by them, and we verify them to the 2 best we can, through conversation. 3 Q. As a result of reviewing all that, 4 that data, have you started to become familiar 5 with drug -- with drug trends in all of the 6 Ohio HIDTA counties? 7 A. You can see what is coming in 8 and -- by based on our seizures and what they 9 report to us is what their current problems 10 are, yes. 11 Q. So is it fair to say that you are 12 at least knowledgeable, in the aggregate, of, 13 kind of, what those different communities are 14 seeing? 15 A. I think so. I don't know if I 16 would say by each community, but at least Ohio 17 HIDTA, in general, what our problems are. 18 Q. In order to facilitate the 19 discussion, I want to discuss some terminology. 20 What is an opioid? 21 A. An opioid is a -- let's see, how 22 would I describe it. I don't really know if I 23 have a definition of it. I know what it is 24 compromised of, heroin, fentanyl, you know, 25 some of the pharmaceuticals that are considered</p>
<p style="text-align: right;">Page 35</p> <p>1 goes into here. 2 The other data, as I said, comes 3 from other agencies where we gather to support, 4 you know, and see what they are seeing and what 5 we are seeing, to present a picture of what it 6 appears to be or what is the drug problem in 7 our Ohio HIDTA region. 8 Q. So what do you do to go over the 9 data to make sure it is accurate? 10 A. We have requirements for what 11 constitutes a drug trafficking organization, as 12 far as five or more people in leadership 13 structure, because as a program we want to make 14 sure we are going after drug trafficking 15 organizations, not just a drug dealer. 16 We also, when we meet with them, we 17 will talk about things, like this shows that 18 you have had X number of Title IIIs, or you 19 have had this many search warrants, or this is 20 your seizure numbers in the various drugs, are 21 they accurate, does this sound familiar, and, 22 you know, does it look familiar. 23 And sometimes you find we have 24 missed one, it didn't get in. And so we make 25 correction as we find them, but the numbers are</p>	<p style="text-align: right;">Page 37</p> <p>1 opioids, but I don't know if I know the exact 2 definition of an opioid. 3 Q. You just -- your previous answer 4 touched on this a little bit. What drugs are 5 considered opioids? 6 A. I don't know. I certainly would 7 not know them all, but heroin, fentanyl, 8 carfentanil, you know, those are not natural, 9 they are a manufactured opiate. OxyContin, 10 oxycodone, Percocet, some of those terms I've 11 heard. 12 Q. Is meth an opioid? 13 A. No. 14 Q. Cocaine? 15 A. No. 16 Q. Is Xanax an opioid? 17 A. I don't know. 18 Q. Marijuana? 19 A. No. 20 Q. Crack? 21 A. No. 22 Q. What is a prescription opioid? 23 A. I don't know -- well, again, I 24 don't know the technical medical definition of 25 an opioid, but a medical -- as far as my</p>

<p style="text-align: right;">Page 38</p> <p>1 understanding, a medical opioid would be 2 oxycodone, OxyContin, some of those types of 3 drugs. 4 Q. So you understand then that only 5 some opioids can be prescribed. So some of the 6 opioids you have mentioned in your prior list 7 are an illicit opioid, like heroin, fentanyl, 8 and carfentanil, and then there are the 9 narrower category of opioids that are 10 prescription drugs? 11 A. Yeah. I understand that heroin is 12 not prescribed. 13 Q. And prescription opioids have 14 recognized lawful uses and can be used 15 legitimately with a prescription, correct? 16 A. Can you repeat that? 17 Q. Prescription opioids have 18 recognized lawful uses and can be lawfully 19 possessed and used with a prescription, 20 correct? 21 A. Yes. 22 Q. Do you know why that is? 23 A. I do not. I'm assuming there is a 24 medical need for them. 25 Q. By contrast, nonprescription</p>	<p style="text-align: right;">Page 40</p> <p>1 Q. Are you aware that it is a horse 2 tranquilizer? 3 A. I am aware that it is a large 4 animal tranquilizer, yes. 5 Q. And where is the carfentanil that 6 you are seeing in Ohio HIDTA coming from? 7 A. According to the information that 8 we receive from the investigative initiatives, 9 it is coming either directly from China, you 10 know, via some type of partial shipment, or is 11 being shipped to Mexico and then brought up. 12 Q. Have you ever heard of an 13 instance -- has anyone ever reported that a 14 pharmaceutical company, like the defendants in 15 this case, has ever shipped carfentanil into 16 the Ohio HIDTA region? 17 A. I have never been told that. 18 Q. Fentanyl has -- there is a 19 prescription form of fentanyl and then there 20 are fentanyl analogs that can't be prescribed 21 in the Ohio HIDTA region, correct? 22 A. I don't know that. I don't know 23 the pharmaceutical guidelines. 24 Q. The fentanyl that you are seeing in 25 Ohio HIDTA that's causing problems, is it</p>
<p style="text-align: right;">Page 39</p> <p>1 opioids, like heroin, fentanyl and carfentanil 2 are illegal to produce, distribute and possess, 3 correct? 4 A. You know, I don't know. I 5 guess -- can you repeat that? Yeah. 6 Q. Can you get a prescription for 7 heroin? 8 A. No. 9 Q. A lot of the -- can you get a 10 prescription for carfentanil? 11 A. No. 12 Q. Can you get a prescription for a 13 lot of the fentanyl analogs that -- 14 A. No. 15 Q. And heroin, fentanyl, and 16 carfentanil are not produced, distributed or 17 dispensed by pharmaceutical companies like the 18 defendants, right? 19 A. I don't know. I know that heroin 20 is not, but I do not know if they produce 21 carfentanil or fentanyl, because there are some 22 medical purposes for those drugs. 23 Q. What is carfentanil? 24 A. Other than it's a manufactured 25 opioid, that's all I know.</p>	<p style="text-align: right;">Page 41</p> <p>1 prescription fentanyl or is it illicit fentanyl 2 that's coming from -- 3 A. I don't know. 4 Q. You don't. How is a High Intensity 5 Drug Trafficking Area designated? 6 A. Application is made to the Office 7 of National Drug Control Policy. They have a 8 committee that convenes to designate HIDTA 9 counties and HIDTA areas. 10 Q. Do you know what criteria is 11 involved in determining whether to designate an 12 area as -- 13 A. There is several areas -- there is 14 four main criterias in the Federal Register, 15 and one is that you are a center of drug 16 manufacturing, importation, distribution; that 17 federal resources are -- you know, additional 18 resources from the federal government are 19 needed to fight this program; that state and 20 local law enforcement have banded together 21 already to fight the drug problem. 22 And those are three of the four. I 23 can't remember the last one, off the top of my 24 head. 25 Q. Outside of the appropriation of</p>

<p style="text-align: right;">Page 42</p> <p>1 funding, are there any other benefits of 2 participating in the HIDTA program? 3 A. More availability to the training 4 program, I think better information sharing 5 with other law enforcement, just because you 6 are part of a bigger group, and you might be in 7 Fairfield County, Ohio, but now you have access 8 to maybe Lucas County and Toledo or something, 9 and what they are doing and what they are 10 seeing. So I think it's the training, the 11 funding and the intelligence sharing or 12 information sharing. 13 Q. Are there any requirements of 14 participation in the HIDTA program? 15 A. Well, you have to be in a 16 designated county, as I said, and then it is up 17 to the executive board if a task force, which 18 is either an existing -- could be an existing 19 task force or one that's going to be formed 20 using the HIDTA money, is approved by the 21 executive board to receive HIDTA funding. 22 Q. Is it fair to say that a HIDTA 23 designation requires the area to be a center of 24 criminal drug manufacturing and importation? 25 A. I don't think the Federal Register,</p>	<p style="text-align: right;">Page 44</p> <p>1 annual report, the annual threat assessment, 2 and the annual strategy assessment? 3 A. The annual report is basically a 4 summary of what we did the previous year, the 5 threat assessment is what is the perceived or 6 the threat currently, and then the strategy is 7 what are we going to do about that threat and 8 how are we going to address that threat. 9 Q. What is the mission of the Ohio 10 HIDTA? 11 A. To bring state, local, and federal 12 law and tribal law enforcement together to 13 share information and to provide funding and 14 training, and dismantled drug trafficking 15 organizations. 16 Q. Is any part of that mission 17 specific to opioids? 18 A. Not -- I would say no. I mean, we 19 have provided funding for those areas, but 20 again, when we provide funding to a task force 21 or an initiative, it's not specific to say you 22 will work this drug or that drug. It's, you 23 know, you have a drug task force, you know, 24 here is your money to do as you see, as a task 25 force, what you need to do.</p>
<p style="text-align: right;">Page 43</p> <p>1 I would have to look at it, says criminal, but 2 it does have manufacturing in there. 3 Q. Once an area is designated a HIDTA, 4 are there any specific things that you are 5 required to continue to do, on an ongoing 6 basis, in order to continue to participate in 7 the program? 8 A. Well, as far as the HIDTA, there is 9 a difference between being a HIDTA, like Ohio 10 HIDTA or some of the HIDTAs around the country, 11 or being an initiative within the Ohio HIDTA. 12 We are required to produce the 13 three reports: the annual report, the annual 14 threat, and the annual strategy. Those are the 15 three main documents, as a HIDTA program, such 16 as the Ohio HIDTA, we are required to produce. 17 The initiatives that continue to 18 perform -- to continue to participate is really 19 up to the executive board. That would be 20 things based -- usually based on your 21 performance and what is the problem in the 22 area. We have not had any, necessarily, in my 23 tenure of HIDTA said you are no longer a HIDTA 24 task force. 25 Q. What is the difference between the</p>	<p style="text-align: right;">Page 45</p> <p>1 Q. So is it fair to say then that the 2 mission of Ohio HIDTA and its initiatives 3 applies equally to all drugs and isn't focused 4 on one specific type of illegal drug? 5 A. I would say that's accurate. I 6 mean, we obviously look at, you know, what the 7 current problems are and that they should be 8 addressing them, as I mentioned earlier. 9 I certainly, with the experience we 10 were having with the heroin epidemic, expect 11 task forces to be working only marijuana or 12 something like that. 13 Q. How is the Ohio HIDTA organized? 14 A. The structure is the executive 15 board of 24 members are the oversight and the 16 guidance in the governing body of the HIDTA. I 17 report to them and basically carry out their 18 mission and their wishes, and then under me you 19 have the deputy director, the financial 20 manager, the training coordinator, and my 21 assistant, then we also have an IT person, and 22 then the ISC with all the analytical personnel. 23 Q. Who sits on the executive board? 24 A. There is 24 of them, and it is the 25 U.S. Attorney from the Northern and Southern</p>



<p style="text-align: right;">Page 46</p> <p>1 District of Ohio, the United States Marshals 2 from the Northern and Southern District of 3 Ohio, the special agent in charge of the FBI in 4 the Cincinnati and Cleveland division, the U.S. 5 Attorney in the Western District of 6 Pennsylvania, the special agent in charge of 7 the DEA that covers Ohio, the special agent in 8 charge of ATF that covers Ohio, the special 9 agent of the IRS that covers Ohio, and the 10 special agent of Homeland Security that covers 11 Ohio, the chiefs of police in Cleveland, 12 Youngstown, Akron, Canton, Toledo, Columbus, 13 and the sheriffs in Franklin, Warren and 14 Cuyahoga Counties, the head of the highway 15 patrol, and the head of the Bureau of Criminal 16 Investigation. I might have missed somebody. 17 Q. In one of your prior answers, you 18 mentioned that -- a heroin epidemic. Can you 19 explain what you mean by that term? 20 A. By that I mean the -- two things: 21 The number of heroin that we have been seizing 22 over the last several years, and the number of 23 people that we have overdosing on heroin and 24 fentanyl and fentanyl and cocaine now in Ohio. 25 Q. How long have you been facing this</p>	<p style="text-align: right;">Page 48</p> <p>1 don't know. I don't think it's prescribed to 2 the general public, but I think that -- I guess 3 it is, because there is patches that people 4 use. 5 Q. Is the fentanyl that you have been 6 seeing in the heroin epidemic, is that illicit 7 fentanyl analogs that are coming from overseas 8 or is it pharmaceutical fentanyl? 9 A. I believe it is overseas, but I 10 don't really -- when we -- when they report 11 seizures to us, it doesn't necessarily describe 12 the details of it, just that it's fentanyl. 13 Q. You testified that something you 14 are seeing today is a lot of users mixing 15 cocaine and fentanyl; is that correct? 16 A. I'm not seeing it. I know that 17 from conversations and information from the 18 medical examiner here in Cuyahoga County. 19 Q. Is it common to mix drugs, in your 20 experience? 21 A. I don't know necessarily if the 22 mixture, as much as the counter -- the using 23 many drugs, you know, that they find, and I 24 know that, again, through the coroner's 25 reports, that they find several different drugs</p>
<p style="text-align: right;">Page 47</p> <p>1 heroin epidemic, would you say? 2 A. I would have to look back at some 3 of the annual reports that would describe that 4 better, but I would say approximately since 5 2012. 6 Q. And since that time, you have seen 7 a number of overdoses related to heroin, 8 fentanyl and cocaine? 9 A. We are starting to see cocaine 10 overdoses, because it is mixed with fentanyl. 11 Q. Is carfentanil a drug that was -- 12 that was causing a lot of problems during that 13 time too? 14 A. Not during that whole time. We 15 started to see carfentanil, based on what was 16 reported to us, as far as seizures from our 17 task forces, I would say, in 2017 and 18, and 18 it is actually -- luckily carfentanil has not 19 been as prevalent as it was maybe a year ago. 20 Q. And fentanyl, carfentanil and 21 cocaine and heroin are not prescription 22 opioids, correct? 23 A. I don't know if that's correct. I 24 think, as I said before, I think fentanyl is 25 prescribed or has medical purposes. Now, I</p>	<p style="text-align: right;">Page 49</p> <p>1 in somebody's system. 2 But I don't deal with -- I don't 3 come into contact, in my position, with drug 4 users, nor do I see any of them or anything 5 like that, and we don't report those kind of 6 statistics. 7 Q. What are the responsibilities of 8 the Ohio HIDTA executive board? 9 A. To manage and oversee and give 10 guidance to the program, and ensure that it is, 11 again, operating as under the policies and 12 guidelines of ONDCP, under their guidance, 13 under our policies for the Ohio HIDTA, that the 14 moneys is being spent correctly and 15 judiciously, and that they are sharing 16 information and doing deconfliction. 17 Q. And how does it go about fulfilling 18 those responsibilities? 19 A. Well, they delegate that to me. 20 Again, back to we do the annual review of the 21 initiatives, we have annual budget meetings to 22 determine funding for each of the initiatives, 23 through the publication of the three reports 24 that we've talked about, and they are the 25 ultimate deciding authority if the report is</p>



<p style="text-align: right;">Page 50</p> <p>1 filed or not.</p> <p>2 Q. How often does the executive board</p> <p>3 meet?</p> <p>4 A. We are required to meet quarterly</p> <p>5 by policy, and we meet four times a year.</p> <p>6 Q. Do you take notes of the meeting</p> <p>7 minutes when the board meets?</p> <p>8 A. Yes, we take notes.</p> <p>9 Q. Page 1025 of Exhibit 1, that</p> <p>10 organizational chart we were looking at,</p> <p>11 indicates that there are four different</p> <p>12 subcommittees to the Ohio HIDTA executive</p> <p>13 board; is that correct?</p> <p>14 A. That's correct.</p> <p>15 Q. Can you briefly explain what each</p> <p>16 of those subcommittees does?</p> <p>17 A. Yes. The rule subcommittee</p> <p>18 meets -- well, let me -- these committees were</p> <p>19 set up to assist the executive board in making</p> <p>20 determinations, when necessary.</p> <p>21 The rule subcommittee has not met</p> <p>22 since I've been here, and it would decide the</p> <p>23 rules and policies and procedures that we want</p> <p>24 to operate under the Ohio HIDTA, if need be or</p> <p>25 if the executive board requests that.</p>	<p style="text-align: right;">Page 52</p> <p>1 experienced narcotics law enforcement personnel</p> <p>2 in the Ohio HIDTA?</p> <p>3 A. I would think so.</p> <p>4 Q. Can you think of a single narcotics</p> <p>5 enforcement agency in your area who you would</p> <p>6 consider to be a major player who doesn't</p> <p>7 participate in the Ohio HIDTA?</p> <p>8 A. No, I could not.</p> <p>9 Q. How many federal, state, and local</p> <p>10 law enforcement officers does Ohio HIDTA</p> <p>11 include?</p> <p>12 A. Can I reference Exhibit 1? I</p> <p>13 believe it's listed in there. It is probably</p> <p>14 about 900 or 1100 various people that</p> <p>15 participate. I know it's in here. Let me just</p> <p>16 see here. Let's see.</p> <p>17 In this report or one of the</p> <p>18 others, I believe, it is mentioned, but it was</p> <p>19 in here in the beginning, if you don't mind</p> <p>20 giving me a second here.</p> <p>21 Here we go. Here's the chart.</p> <p>22 It's approximately 1045 agents, officers,</p> <p>23 analysts, and other staff members.</p> <p>24 Q. And what page are you looking at?</p> <p>25 A. That would be 000993, or page 5 of</p>
<p style="text-align: right;">Page 51</p> <p>1 The ISC/intelligence subcommittee</p> <p>2 has not met in probably three or four years.</p> <p>3 Again, these are set up to assist the board if</p> <p>4 they see a need for them.</p> <p>5 The budget subcommittee, we meet</p> <p>6 annually to discuss the budgets, because there</p> <p>7 is always -- that's an ongoing process. And</p> <p>8 the technology subcommittee is to assist with</p> <p>9 IT needs and things like that, and they have</p> <p>10 probably not met in two or three years.</p> <p>11 Most things we can accomplish in</p> <p>12 the board. That is, they look at those when</p> <p>13 they want -- there is things that would bog</p> <p>14 down the board in our meetings, you know, to</p> <p>15 have a subcommittee, kind of, look at it and</p> <p>16 come up with recommendations to the entire</p> <p>17 board.</p> <p>18 Q. Besides the individuals who work</p> <p>19 directly for HIDTA, the Ohio HIDTA includes the</p> <p>20 participation of federal, state, and local law</p> <p>21 enforcement, correct?</p> <p>22 A. Correct.</p> <p>23 Q. And is it fair to say that the</p> <p>24 federal, state, and local law enforcement that</p> <p>25 your HIDTA includes are some of the most</p>	<p style="text-align: right;">Page 53</p> <p>1 the document, in the beginning of the -- well,</p> <p>2 beginning -- or second paragraph, about halfway</p> <p>3 through.</p> <p>4 Q. And those 1045 agents, officers,</p> <p>5 and analysts, they don't get paid a salary by</p> <p>6 Ohio HIDTA, right?</p> <p>7 A. We do not pay any salaries to law</p> <p>8 enforcement. We pay overtime to law</p> <p>9 enforcement personnel.</p> <p>10 Q. So that number would reflect the</p> <p>11 number of officers who participated in either</p> <p>12 the Ohio HIDTA executive committee or one of</p> <p>13 the two initiatives?</p> <p>14 A. Well, that would be primarily the</p> <p>15 initiatives -- the initiatives listed at the</p> <p>16 bottom, and some of those could be agencies who</p> <p>17 participate with the highway patrol in highway</p> <p>18 blitzes and things like that, and it might be</p> <p>19 not necessarily a full-time participation on a</p> <p>20 drug task force.</p> <p>21 Q. How is the Ohio HIDTA funded?</p> <p>22 A. We are funded by the federal</p> <p>23 government through the Office of National Drug</p> <p>24 Control Policy.</p> <p>25 Q. Do you receive any state funding or</p>

<p style="text-align: right;">Page 54</p> <p>1 local funding?</p> <p>2 A. We do not.</p> <p>3 Q. Do you receive any grant funding?</p> <p>4 A. Just the HIDTA grant funding.</p> <p>5 Q. Do you use forfeitures to fund any</p> <p>6 of HIDTA's operations?</p> <p>7 A. We do not. No, we do not take any</p> <p>8 forfeitures as HIDTA.</p> <p>9 Q. How is Ohio HIDTA's grant funding</p> <p>10 from the federal government determined each</p> <p>11 year?</p> <p>12 A. That was set -- as far as the</p> <p>13 national? The national is set by legislature,</p> <p>14 by Congress in the budget, and each individual</p> <p>15 HIDTA was based upon what ONDCP provided to</p> <p>16 that HIDTA when it initiated, or as it grows.</p> <p>17 So as we add counties, they provide</p> <p>18 additional funding, and depending on where</p> <p>19 those counties are, how many they are, if you</p> <p>20 are adding counties in another state, some of</p> <p>21 those things they look at.</p> <p>22 Q. Other than the addition of</p> <p>23 counties, is there anything else that affects</p> <p>24 how much money you get from the federal</p> <p>25 government each year?</p>	<p style="text-align: right;">Page 56</p> <p>1 prevention education presentations called</p> <p>2 Street Smart; we have received money for</p> <p>3 interdiction efforts, whether it be parcel post</p> <p>4 or highway; and we have received money for what</p> <p>5 we called heroin overdose death investigation</p> <p>6 teams.</p> <p>7 Q. What is the heroin overdose death</p> <p>8 investigation team?</p> <p>9 A. Approximately three years ago, we</p> <p>10 were made aware that some of the task forces</p> <p>11 that we fund were spending a lot of manpower</p> <p>12 and time and overtime on overdose deaths that</p> <p>13 they were being called out on. And so in an</p> <p>14 effort to help our partners, we applied for</p> <p>15 money to help pay those overtime costs.</p> <p>16 Q. And is the purpose of the</p> <p>17 Heroin-Involved Death Investigation Team then</p> <p>18 to investigate the source of the heroin or</p> <p>19 fentanyl or cocaine that caused the overdose,</p> <p>20 to then go track down the dealer of that drug?</p> <p>21 A. Again, I don't make those</p> <p>22 decisions, but my understanding would be yes.</p> <p>23 They show up, and they want to find out, you</p> <p>24 know, what the cause of the deaths was, what</p> <p>25 the source is, so that they can track it and</p>
<p style="text-align: right;">Page 55</p> <p>1 A. Yes. Each year we have our</p> <p>2 baseline funding, and then we have -- ONDCP</p> <p>3 will offer what they call discretionary or</p> <p>4 supplement money, and it depends on how much</p> <p>5 money we are allotted from Congress versus the</p> <p>6 baseline budget, and they will put those things</p> <p>7 out under different categories, whether it be</p> <p>8 emerging threats, interdiction efforts, various</p> <p>9 categories they come up with, and each of the</p> <p>10 HIDTAs around the country are able to submit</p> <p>11 application for those additional fundings, and</p> <p>12 they provide those out to the HIDTA, based on</p> <p>13 the review process.</p> <p>14 Q. Has HIDTA sought -- has Ohio HIDTA</p> <p>15 sought discretionary funding in the past few</p> <p>16 years?</p> <p>17 A. Yes, we do -- we have.</p> <p>18 Q. What discretionary funding</p> <p>19 programs?</p> <p>20 A. We've searched -- we have applied</p> <p>21 for several different areas in the categories</p> <p>22 they put out. We have received funding for</p> <p>23 some prevention efforts, to introduce</p> <p>24 prevention education programs in the schools;</p> <p>25 we have received money for a group that does</p>	<p style="text-align: right;">Page 57</p> <p>1 find where it came from and maybe prevent other</p> <p>2 deaths.</p> <p>3 Q. Are there any drugs, based on your</p> <p>4 understanding and focus of this heroin-involved</p> <p>5 overdose task force, other than heroin?</p> <p>6 A. I think fentanyl, heroin. You</p> <p>7 know, just when there is an overdose death --</p> <p>8 you know, a heroin overdose or what appears to</p> <p>9 be an overdose when they show up, it's just</p> <p>10 heroin or whatever it may be, but in today's</p> <p>11 climate, it's usually heroin, fentanyl, some</p> <p>12 combination or fentanyl with something.</p> <p>13 Q. Do you know if a heroin-involved</p> <p>14 death investigation includes an investigation</p> <p>15 of the victim's addiction history?</p> <p>16 A. I don't.</p> <p>17 Q. Do you know if it involves an</p> <p>18 investigation of the victim's prescription</p> <p>19 history?</p> <p>20 A. I don't.</p> <p>21 Q. Do you support any Heroin-Involved</p> <p>22 Death Investigation Teams in Summit County and</p> <p>23 Cuyahoga County?</p> <p>24 A. Yes. We have provided funding to</p> <p>25 both those counties.</p>

<p style="text-align: right;">Page 58</p> <p>1 Q. Who in those counties have you 2 provided funding to?</p> <p>3 A. In Cuyahoga County, it would have 4 been provided to the Northern Ohio Law 5 Enforcement Drug Task Force, in Summit County 6 it would be the Akron/Summit Drug Task Force.</p> <p>7 Q. What is the Northern Law 8 Enforcement Task Force?</p> <p>9 A. It is a task force that we fund 10 in -- it's in Cleveland, Cuyahoga County, that 11 is comprised of several law enforcement 12 agencies, primarily led by the FBI and the City 13 of Cleveland Police Department.</p> <p>14 Q. Do you know what the focus of that 15 task force is?</p> <p>16 A. Drugs.</p> <p>17 Q. Just drugs generally?</p> <p>18 A. Yes.</p> <p>19 Q. Do you know how many members 20 participate in that task force?</p> <p>21 A. I do not have that information 22 readily available.</p> <p>23 Q. You just -- you also mentioned an 24 Akron/Summit Task Force; is that correct?</p> <p>25 A. Yes, sir.</p>	<p style="text-align: right;">Page 60</p> <p>1 Enforcement Administration, who handles 2 pharmaceuticals.</p> <p>3 Q. Does it have any relationship to 4 Ohio HIDTA or an Ohio HIDTA initiative?</p> <p>5 A. We do not provide any funding 6 specifically to tactical diversion teams. 7 However, they are included in some of our 8 statistical reporting, because they are part of 9 those DEA offices that we provide funding to 10 and those task forces.</p> <p>11 Q. What is the Northeast Ohio 12 Interdiction Task Force?</p> <p>13 A. I've never heard that term.</p> <p>14 Q. I'm going to mark as Exhibit 2 a 15 document Bates stamped OH-HIDTA 003263. 16 - - - - - 17 (Thereupon, Deposition Exhibit 2, FY 18 2012 Discretionary Funding Request, 19 Beginning with Bates Label OH-HIDTA 20 003263, was marked for purposes of 21 identification.) 22 - - - - - 23 Q. Do you recognize this document? 24 A. I do. It's from 2012. 25 Q. And what is this document?</p>
<p style="text-align: right;">Page 59</p> <p>1 Q. What is the Akron/Summit Task 2 Force?</p> <p>3 A. It's a drug task force comprised of 4 Summit County Sheriff's Office, Akron City 5 Police Department, and several other agencies 6 in that community that try to provide funding 7 to conduct drug investigation.</p> <p>8 Q. Again, is it fair to say the focus 9 of that task force is drug interdiction 10 generally, as opposed to specific drugs or 11 substances?</p> <p>12 A. Yes. It was formed to investigate 13 all drugs, and they determine which drug is 14 what they need to be working.</p> <p>15 Q. Other than the funding that Ohio 16 HIDTA provides, do you have any relationships 17 with those specific task forces?</p> <p>18 A. I do not.</p> <p>19 Q. Have you heard of the Tactical 20 Diversion Squad before?</p> <p>21 A. I have heard of it, yes.</p> <p>22 Q. What is the Tactical Diversion 23 Squad?</p> <p>24 A. My understanding is it is the 25 investigative arm of the DEA, or Drug</p>	<p style="text-align: right;">Page 61</p> <p>1 A. This is a request for discretionary 2 funding from the Ohio HIDTA to ONDCP, proposing 3 that we be funded for, as it says here, 4 Northeast Ohio Interdiction Task Force.</p> <p>5 Q. So you don't have any familiarity 6 with the task force?</p> <p>7 A. I do not recall this document. 8 It's obviously a HIDTA document, and I would 9 have been the director at the time this was 10 submitted, but I did not recall ever submitting 11 it.</p> <p>12 Q. Do you know if the Tactical 13 Diversion Squad was part of this Northeast Ohio 14 Interdiction Task Force?</p> <p>15 A. I don't recall. I would have to 16 read this or look at it and see what it says, 17 or if we even were funded for this. I don't 18 recall if we were funded for this or not.</p> <p>19 Q. Have you heard of the prescription 20 drug program?</p> <p>21 A. Yes, I have.</p> <p>22 Q. And what is that?</p> <p>23 A. That's a monitoring program, is my 24 understanding.</p> <p>25 Q. And what does it monitor?</p>

<p style="text-align: right;">Page 62</p> <p>1 A. I believe it monitors prescriptions</p> <p>2 that are issued.</p> <p>3 Q. Is that something the Ohio HIDTA --</p> <p>4 an initiative of the Ohio HIDTA?</p> <p>5 A. No.</p> <p>6 Q. Does it have any relation with the</p> <p>7 Ohio HIDTA?</p> <p>8 A. No.</p> <p>9 Q. You've heard of the Ohio</p> <p>10 Prescription Drug Abuse Task Force?</p> <p>11 A. That sounds familiar. I don't</p> <p>12 know. You know, I have probably heard about</p> <p>13 it. That's the only thing I can say.</p> <p>14 MR. RAIOLA: Do you want to take a</p> <p>15 break? We have been going about an hour.</p> <p>16 MR. O'BRIEN: Sure.</p> <p>17 THE VIDEOGRAPHER: It is 10:21. We</p> <p>18 are going off the record.</p> <p>19 (Recess taken.)</p> <p>20 THE VIDEOGRAPHER: It is 10:42. We</p> <p>21 are back on the record.</p> <p>22 Q. Before we broke, Mr. Siegel, you</p> <p>23 talked a little bit about the HIDTA teams, and</p> <p>24 that three years ago it came to your attention</p> <p>25 that a lot of the members of Ohio HIDTA were</p>	<p style="text-align: right;">Page 64</p> <p>1 responding to these, and that, you know, it was</p> <p>2 costing them money in overtime.</p> <p>3 Q. Is there a point in time that you</p> <p>4 see as a line of demarcation when the</p> <p>5 conversations changed from, you know, we are</p> <p>6 having this problem with overdoses, to these</p> <p>7 overdoses are overwhelming our resources?</p> <p>8 A. I don't have any specific</p> <p>9 recollection of timeframe, when that would have</p> <p>10 been.</p> <p>11 Q. You mentioned a little bit too</p> <p>12 about the HIDTA teams, that you had seen some</p> <p>13 coroner reports that showed that a lot of</p> <p>14 individuals who were overdosing had overdosed</p> <p>15 on multiple substances; is that correct?</p> <p>16 A. Correct.</p> <p>17 Q. What were the coroner reports that</p> <p>18 you were reviewing?</p> <p>19 A. They were provided to myself and</p> <p>20 several other people, via email usually, that</p> <p>21 just has a weekly summary or what they have</p> <p>22 seen that week and what the breakdown was of</p> <p>23 the overdoses, and also attached, kind of a</p> <p>24 spreadsheet with information regarding the</p> <p>25 individuals and locations and things like that.</p>
<p style="text-align: right;">Page 63</p> <p>1 struggling with responding to overdose</p> <p>2 investigations; is that correct?</p> <p>3 A. Yes.</p> <p>4 Q. What brought it to your attention</p> <p>5 that --</p> <p>6 A. I don't know if they requested</p> <p>7 money or just in conversation, that I knew they</p> <p>8 were doing this, that, hey, we could go and try</p> <p>9 and get some money, and I don't remember if</p> <p>10 they came to me or I offered, and we submitted</p> <p>11 the write-up to start getting money to fund</p> <p>12 those teams.</p> <p>13 Q. Did you have -- prior to those</p> <p>14 conversations, were those individuals bringing</p> <p>15 to your attention that they were having</p> <p>16 problems with those sorts of overdoses at all?</p> <p>17 A. I believe I -- either in</p> <p>18 conversation with them or maybe at meetings or</p> <p>19 something, people were talking about, you know,</p> <p>20 all the overdoses that they were responding to</p> <p>21 and how many people were overdosing, how many</p> <p>22 people were dying of overdoses.</p> <p>23 And so I don't remember</p> <p>24 specifically how it came to be, but there</p> <p>25 was -- I had knowledge that they were</p>	<p style="text-align: right;">Page 65</p> <p>1 Q. Who do you receive those overdose</p> <p>2 statistics from?</p> <p>3 A. From the Cuyahoga County Medical</p> <p>4 Examiner's Office.</p> <p>5 Q. Do you receive them from any other</p> <p>6 county, like Summit County?</p> <p>7 A. I do not.</p> <p>8 Q. For how long have you received</p> <p>9 those overdose records from Cuyahoga County?</p> <p>10 A. At least two, maybe three years,</p> <p>11 would be my guess.</p> <p>12 Q. And you received them weekly?</p> <p>13 A. It seems like they come weekly,</p> <p>14 sometimes biweekly, if there is an update on</p> <p>15 toxicology or something like that.</p> <p>16 Q. Have you ever heard someone use the</p> <p>17 phrase "opioid epidemic" before?</p> <p>18 A. I don't know if I specifically</p> <p>19 heard that. You know, we usually will say</p> <p>20 heroin epidemic, but, you know, there is things</p> <p>21 in ONDCP now where some of the HIDTAs, we use</p> <p>22 that term.</p> <p>23 Q. Can you remind me what you mean by</p> <p>24 the term "heroin epidemic"?</p> <p>25 A. The increase in the seizure of</p>

<p style="text-align: right;">Page 66</p> <p>1 heroin that we are seeing through our task 2 forces and the amount of overdoses being 3 reported in the state. 4 Q. Are the employees of plaintiffs in 5 this case, Cuyahoga County and Summit County, 6 who are involved in Ohio HIDTA, have they been 7 referring to the problems they are having with 8 overdoses, is that heroin epidemic too? 9 A. I think they just call them 10 overdose, you know, problems, so many people 11 were overdosing. 12 Q. Is it fair to say that you yourself 13 have never used the phrase "opioid epidemic" 14 before? 15 A. I can't say that I have never used 16 it, but it's not a term I might say. You know, 17 I don't know if I've said that term or not. 18 Q. What drugs are involved in the 19 heroin epidemic? 20 A. Heroin, fentanyl, carfentanil, all 21 of the different analogs that they would keep 22 coming up with from fentanyl, any of the 23 prescription opioids, the all those categories 24 are included. 25 Q. So heroin epidemic would include</p>	<p style="text-align: right;">Page 68</p> <p>1 in Southern Ohio. 2 Q. Around what time period would you 3 say those pill mill problems were occurring? 4 A. Were occurring? 5 Q. Yeah. 6 A. Probably sometime in the 2000s, 7 certainly were here when I got here in 2009, 8 until the state shut the pill mills down. I 9 think that was 2011 or so, there was some 10 legislation. 11 Q. Do you know what legislation that 12 was? 13 A. No. I don't remember. I would not 14 know the name of it or anything. 15 Q. Around that time, were there also 16 pill mills in Cuyahoga County and Summit 17 County? 18 A. I don't know. 19 Q. What's the basis of your knowledge 20 about pill mills? 21 A. Based on reports from the task 22 forces and, during that timeframe, we added two 23 counties in Southeast Ohio to Ohio HIDTA, Adams 24 County and Scioto County. 25 Q. I'm going to mark as Exhibit 3 a</p>
<p style="text-align: right;">Page 67</p> <p>1 illicit street drugs -- it would include 2 illicit street drugs, correct? 3 A. It would include them, yes. 4 Q. Would you say that the majority of 5 the heroin epidemic involves illicit street 6 drugs? 7 A. I would say probably, yes. 8 Q. When did the heroin epidemic begin? 9 A. I'd have to go back and look 10 through some of our reports, and really, with 11 the seizures and things, and I said off the top 12 of my head I would believe about 2012, and we 13 saw it coming after some of the issues with the 14 prescription pill mills in Ohio, in particular 15 Southeastern Ohio, and then we pretty much knew 16 once the pills mills were shut down, that there 17 would be a heroin problem. 18 Q. What was the pill mill problem in 19 Southeast Ohio? 20 A. Many people were going, and again, 21 I have never been down there to see one, but 22 they were being in pain clinics, being 23 prescribe opioids, prescription opioids for 24 whatever their problem might be, and they had a 25 high rate of addiction and overdoses going on</p>	<p style="text-align: right;">Page 69</p> <p>1 document Bates stamped OH-HIDTA 003501. 2 - - - - - 3 (Thereupon, Deposition Exhibit 3, 4 Ohio HIDTA 2002 Threat Assessment, 5 Beginning with Bates label OH-HIDTA 6 0033501, was marked for purposes of 7 identification.) 8 - - - - - 9 Q. Do you recognize this document, 10 Mr. Siegel? 11 A. I do not. I mean, as far as I do 12 not recognize it. I can see what it is. 13 Q. What is this document? 14 A. It's the 2002 threat assessment 15 from the Ohio HIDTA. 16 Q. And can you remind me again what a 17 threat assessment is? 18 A. It describes what the threat, the 19 drug threat is in the Ohio HIDTA region at that 20 time and what drugs are prevalent and what is 21 being done, what drugs we are seizing, what the 22 task forces are working. 23 Q. And you used reporting from all of 24 the jurisdictions within Ohio HIDTA to prepare 25 that report, correct?</p>



<p style="text-align: right;">Page 70</p> <p>1 A. I wouldn't say all the</p> <p>2 jurisdictions, because that's thousands of</p> <p>3 departments and agencies. We use those that</p> <p>4 work for us, those on the executive board and</p> <p>5 others who might respond to the survey that is</p> <p>6 sent out to the investigative support center.</p> <p>7 Q. What surveys do you send out to</p> <p>8 prepare these reports?</p> <p>9 A. Those are sent out by the</p> <p>10 intelligence manager in the investigative</p> <p>11 support center, each on an annual basis, to our</p> <p>12 participants, various police departments,</p> <p>13 sheriff's departments, agencies, you know,</p> <p>14 federal, state, local, asking them questions</p> <p>15 about the drug they are seeing and the drugs,</p> <p>16 you know, that they are seizing, you know,</p> <p>17 problems that they are observing, to determine</p> <p>18 what are they seeing to help formulate what the</p> <p>19 threat is in our area.</p> <p>20 Q. So is it fair to say then that some</p> <p>21 annual survey is sent out that all of the local</p> <p>22 departments are asked to complete?</p> <p>23 A. Yes.</p> <p>24 Q. Then you use that to prepare the</p> <p>25 report?</p>	<p style="text-align: right;">Page 72</p> <p>1 what has been reported maybe to EPIC, the El</p> <p>2 Paso Intelligence Center, to the National</p> <p>3 Seizure System.</p> <p>4 Q. So in addition to the surveys you</p> <p>5 receive, you check the EPIC database; is that</p> <p>6 fair?</p> <p>7 A. I don't know if we necessarily</p> <p>8 check it, and I don't prepare the threat side,</p> <p>9 but those are information and types of stuff</p> <p>10 that is available.</p> <p>11 Q. You mentioned overdose reports.</p> <p>12 What overdose reports do you receive?</p> <p>13 A. Like things from the county medical</p> <p>14 examiners, their annual numbers, their</p> <p>15 published reports, the Ohio Department of</p> <p>16 Health, things that are published that we can</p> <p>17 get access to, to say this is what has been</p> <p>18 reported by these other agencies regarding</p> <p>19 overdose.</p> <p>20 Q. Who prepares the threat assessment?</p> <p>21 A. The threat assessment is prepared</p> <p>22 by the intelligence manager.</p> <p>23 Q. And who is --</p> <p>24 A. His name is John Glasgo,</p> <p>25 G-L-A-S-G-O.</p>
<p style="text-align: right;">Page 71</p> <p>1 A. Right, to help support the report.</p> <p>2 Q. What else do you use to support the</p> <p>3 report?</p> <p>4 A. What we have seized and what drugs</p> <p>5 are being seized by our task forces. Not just</p> <p>6 what somebody is saying, but what we can see,</p> <p>7 hey, from this year to this year, look at the</p> <p>8 increase or decrease in this drug or that drug.</p> <p>9 Q. And how do you determine the</p> <p>10 differences in seizures; how do you track the</p> <p>11 seizure numbers?</p> <p>12 A. They are reported by our task</p> <p>13 forces on a quarterly basis again, and they</p> <p>14 formulate what goes into the reports, the</p> <p>15 annual report that we looked at earlier.</p> <p>16 Q. Is there anything else that you use</p> <p>17 to obtain information for this report?</p> <p>18 A. The overdose data, data from the</p> <p>19 Ohio Department of Health, various county</p> <p>20 medical examiners or coroners, DEA reports on</p> <p>21 different, you know, drugs that we can -- you</p> <p>22 know, we have access to or are public, you</p> <p>23 know, just to support what we are seeing,</p> <p>24 whether it be meth, cocaine, heroin, you know,</p> <p>25 what are the seizures in those items, you know,</p>	<p style="text-align: right;">Page 73</p> <p>1 Q. And how long has he been the</p> <p>2 intelligence manager?</p> <p>3 A. He came in 2010 or 11, shortly</p> <p>4 after I did.</p> <p>5 Q. And is he a HIDTA employee?</p> <p>6 A. Kind of just to clarify --</p> <p>7 Q. Yeah.</p> <p>8 A. -- he is a HIDTA employee, but</p> <p>9 there really is no HIDTA employee. We are all</p> <p>10 City of Independence employees, because we are</p> <p>11 an agency, not a program. So we are employees</p> <p>12 of the fiduciary.</p> <p>13 So when you say he is a HIDTA</p> <p>14 employee, I know what you mean, but I just want</p> <p>15 to make sure we are clear that there is not a</p> <p>16 HIDTA employee, but --</p> <p>17 Q. His salary --</p> <p>18 A. He works at HIDTA, employed by the</p> <p>19 City of Independence.</p> <p>20 Q. And his salary is paid by the</p> <p>21 federal grants --</p> <p>22 A. Yes, sir.</p> <p>23 Q. -- that you get from HIDTA?</p> <p>24 Do you yourself do any work in</p> <p>25 reviewing these reports, or is this threat</p>

<p style="text-align: right;">Page 74</p> <p>1 assessment prepared by--</p> <p>2 A. No. I review it.</p> <p>3 THE NOTARY: I didn't hear the end</p> <p>4 of your question. "Or is this threat</p> <p>5 assessment prepared by" --</p> <p>6 Q. -- Mr. Glasgo?</p> <p>7 A. He prepares the threat assessment</p> <p>8 in a draft form. I review it. We have my</p> <p>9 deputy director review it, people review it for</p> <p>10 grammar, and then eventually it is approved by</p> <p>11 the executive board.</p> <p>12 Q. And what is your review process of</p> <p>13 the threat assessments?</p> <p>14 A. It can be, again, from grammar,</p> <p>15 English, formatting, what is included in it,</p> <p>16 expanding what we should have, do you have more</p> <p>17 to give, you know, where did this come from,</p> <p>18 this should be footnoted.</p> <p>19 You know, I will compare it to</p> <p>20 numbers that I can pull off the seizure data</p> <p>21 also and look in our PMP to make sure the</p> <p>22 numbers are correct, you know, and if something</p> <p>23 is mentioned in one or two places, is it the</p> <p>24 same number, or did we somehow get a different</p> <p>25 number, and if so, why is it different. Just</p>	<p style="text-align: right;">Page 76</p> <p>1 represent a significant ODDS threats to</p> <p>2 Northeast Ohio"; is that correct?</p> <p>3 A. I don't know if that's correct.</p> <p>4 That's what the report says, yes.</p> <p>5 Q. Do you have any reason to doubt the</p> <p>6 accuracy of this report?</p> <p>7 A. I don't.</p> <p>8 Q. What is an ODD?</p> <p>9 A. Other dangerous drug.</p> <p>10 Q. So in 2002, let me ask this --</p> <p>11 strike that.</p> <p>12 When a threat assessment is</p> <p>13 prepared, does Ohio HIDTA share it with all of</p> <p>14 its members?</p> <p>15 A. Yes.</p> <p>16 Q. So in 2002, Ohio HIDTA prepared a</p> <p>17 threat assessment that identified the diversion</p> <p>18 and abuse of pharmaceuticals as a significant</p> <p>19 threat in Northeast Ohio, correct?</p> <p>20 A. Yes, put it in the report.</p> <p>21 Q. And that means that Summit County,</p> <p>22 Cuyahoga County, City of Akron, City of</p> <p>23 Cleveland would have received this report,</p> <p>24 indicating that the diversion of OxyContin was</p> <p>25 a threat in 2002, correct?</p>
<p style="text-align: right;">Page 75</p> <p>1 to make sure I agree with it as the director,</p> <p>2 and then it goes to the executive board for</p> <p>3 review and approval.</p> <p>4 Q. Would you turn the second page of</p> <p>5 the 2002 report, Exhibit 3. There is a heading</p> <p>6 that says Heroin; do you see that?</p> <p>7 A. Yes.</p> <p>8 Q. And it says, "Heroin remains</p> <p>9 readily available and is a significant drug</p> <p>10 threat to the Ohio HIDTA region"; do you see</p> <p>11 that?</p> <p>12 A. Uh-huh.</p> <p>13 Q. And this is the 2002 threat</p> <p>14 assessment, correct?</p> <p>15 A. Yes.</p> <p>16 Q. So is it fair to say Ohio HIDTA was</p> <p>17 seeing problems with heroin in 2002?</p> <p>18 A. That's what that says, yes.</p> <p>19 Q. If you turn to page 3 of Exhibit 3,</p> <p>20 the last paragraph says, "The abuse of other</p> <p>21 dangerous drugs"; do you see that?</p> <p>22 A. Yes, sir.</p> <p>23 Q. And the last sentence on the page</p> <p>24 says, "The diversion and abuse of</p> <p>25 pharmaceuticals, especially OxyContin,</p>	<p style="text-align: right;">Page 77</p> <p>1 A. They may or may not. The executive</p> <p>2 board is provided this, and they had membership</p> <p>3 on the executive board. It is available to the</p> <p>4 task force commanders if they wants it. I</p> <p>5 wouldn't know if they had sent this directly to</p> <p>6 the guys running -- task force commanders or</p> <p>7 not. I would not know who, back in 2002, this</p> <p>8 went to, but my practice is it goes to my</p> <p>9 executive board and it goes to ONDCP.</p> <p>10 Q. You testified earlier that the</p> <p>11 heroin epidemic began in 2012 and that a few</p> <p>12 years before you had seen pain pill mill</p> <p>13 problem in Southeast Ohio, correct?</p> <p>14 A. Yes, sir.</p> <p>15 Q. Is it fair to say that Ohio HIDTA</p> <p>16 was having problems with opioid drugs prior to</p> <p>17 2012?</p> <p>18 A. I believe so.</p> <p>19 Q. When is the first time you can</p> <p>20 recall opioids causing problems in Ohio HIDTA?</p> <p>21 A. I think there were problems when I</p> <p>22 started in 2009, from one form or another, you</p> <p>23 know, and I would have to look at documents and</p> <p>24 reports to determine those exact dates when we</p> <p>25 saw the increases and different things, but</p>

<p style="text-align: right;">Page 78</p> <p>1 when I joined the Ohio HIDTA, there were opioid 2 problems. 3 Q. Can you recall any point in time in 4 which opioids were not a problem? 5 A. Not in my tenure at the Ohio HIDTA, 6 no. 7 Q. Can you recall a time when the use 8 of heroin was not a problem in Summit County or 9 Cuyahoga County? 10 A. Maybe the first couple years it 11 wasn't as prevalent, but like I said, it seems 12 like 2012 timeframe, without looking at 13 specific reports, seems to be when we started 14 to see more, and I don't necessarily know all 15 the individuals task forces, except that that 16 annual review, do I look what they are doing, 17 but for the report, it's what is the entire 18 HIDTA doing, as a program. 19 Q. And has there ever been a time, 20 even going further back, when, you know, 1990s, 21 1980s, when heroin was not a problem? 22 A. I wouldn't know. 23 Q. If you just look a little bit at 24 this 2002 threat assessment, is it fair to say 25 that by 2002, Ohio HIDTA was aware that there</p>	<p style="text-align: right;">Page 80</p> <p>1 period where the National Drug Intelligence 2 Center did our threat assessment, and they were 3 doing that when I first got here for maybe the 4 first two years, and then they went out of 5 business, so to say, and I don't know if they 6 were doing them back then also. I just don't 7 know. I don't believe it was being done the 8 same way we do it now. 9 Q. Now what is the National Drug 10 Intelligence Center? 11 A. It was a federal program, and I 12 think it was in Johnstown, PA, that was to deal 13 with drug intelligence and information and drug 14 sharing of information and things like that, 15 and really about what is the drug problem, and 16 they did these -- I don't know if they did the 17 2002, but they were doing them for a period of 18 time, including when I first got to HIDTA. 19 So they may have done this, and 20 they would come into your HIDTA and do 21 interviews of task force commanders, law 22 enforcement personnel, whoever they deemed fit, 23 to establish what a threat would be, and they 24 may have done this, because I don't think that 25 we started with HIDTA doing and then went to</p>
<p style="text-align: right;">Page 79</p> <p>1 were growing problems with prescription 2 opioids, such as oxycodone and heroin in the 3 Ohio HIDTA region? 4 A. I would have to look at the report 5 and see if it talks about that. You know, you 6 did point out the paragraph -- or the sentence 7 that says, "The diversion and abuse of 8 pharmaceuticals represent a significant other 9 dangerous drug to Northeast Ohio." 10 Q. Let's turn to page 21 of Exhibit 3. 11 Do you see there is a heroin threat assessment 12 on that page? 13 A. I do. 14 Q. And the assessment and threat 15 reads, "Heroin is readily available and is a 16 significant drug threat to the Ohio HIDTA 17 region"; is that correct? 18 A. Yes, sir. 19 Q. And then below that there is an 20 abuse section which says, "The abuse of heroin 21 represents a growing threat to Ohio," correct? 22 A. Yes, sir. 23 May I interject something? And 24 since I wasn't here at this time, when we talk 25 about how we do the threat, there was a time</p>	<p style="text-align: right;">Page 81</p> <p>1 them and then came to HIDTA. I think they were 2 doing them until probably about 2011, when we 3 started doing our threat assessment. 4 Q. And during the two years that they 5 did them, did you find them to have done a 6 thorough and accurate job of doing threat 7 assessments? 8 A. Yes. 9 Q. So you have no reason to doubt the 10 accuracy of their assessment? 11 A. No, I don't. 12 Q. Do you today do interviews with 13 local law enforcement as part of preparing a 14 threat assessment like they used to do? 15 A. I do not. John Glasco will sit 16 down with some of the law enforcement 17 personnel, particularly sometimes the task 18 force commanders, and talk with them. 19 Q. Do you know how he decides who to 20 interview? 21 A. I do not. 22 Q. Do you know how many people he 23 typically interviews? 24 A. I don't know. 25 Q. Is it fair to say, based on the</p>

<p style="text-align: right;">Page 82</p> <p>1 2002 threat assessment, that Ohio was, and</p> <p>2 Northeast Ohio in particular was having</p> <p>3 significant problems with heroin in the early</p> <p>4 2000s?</p> <p>5 A. According to the report, yes.</p> <p>6 Q. Turn to page 38 of Exhibit 3.</p> <p>7 A. Okay.</p> <p>8 Q. There is a section on Diverted</p> <p>9 Pharmaceuticals; do you see that?</p> <p>10 A. Yes, sir.</p> <p>11 Q. What is diversion?</p> <p>12 A. A diversion is when legal</p> <p>13 pharmaceuticals are diverted for illegal use,</p> <p>14 in my opinion.</p> <p>15 Q. What are the ways in which</p> <p>16 diversion occurs?</p> <p>17 A. I don't now. I'm not a diversion</p> <p>18 investigator.</p> <p>19 Q. There is a heading on page 38 of</p> <p>20 Exhibit 3, entitled OxyContin; do you see that?</p> <p>21 A. Yes sir.</p> <p>22 Q. And it says, "The diversion ad</p> <p>23 abuse of pharmaceuticals, especially OxyContin,</p> <p>24 represent a significant ODDS threat to the Ohio</p> <p>25 HIDTA region."</p>	<p style="text-align: right;">Page 84</p> <p>1 A. If somebody wants it, yes.</p> <p>2 Q. In addressing the heroin epidemic</p> <p>3 today, what distinction, if any, has Ohio HIDTA</p> <p>4 made between prescription opioids and</p> <p>5 nonprescription opioids?</p> <p>6 A. I don't know if we have made, as a</p> <p>7 HIDTA, a difference. You know, we fund, as I</p> <p>8 said, the drug task forces to pursue what they</p> <p>9 are pursuing. The only thing I see is what we</p> <p>10 seize of those things. I don't categorize them</p> <p>11 as different.</p> <p>12 Q. For its part, Ohio HIDTA has</p> <p>13 consistently worked with top state, local,</p> <p>14 federal narcotics investigators to combat drug</p> <p>15 abuse and crime, correct?</p> <p>16 A. To combat drug trafficking</p> <p>17 organizations.</p> <p>18 Q. To combat drug trafficking</p> <p>19 organization --</p> <p>20 A. Right.</p> <p>21 Q. -- specifically?</p> <p>22 What is a drug trafficking</p> <p>23 organization?</p> <p>24 A. It is an organization that is</p> <p>25 bringing the illegal drugs into our</p>
<p style="text-align: right;">Page 83</p> <p>1 A. Yes, I see that.</p> <p>2 Q. Is it fair to say then that in</p> <p>3 2002, Ohio HIDTA had identified prescription</p> <p>4 opioids, including OxyContin, as a significant</p> <p>5 threat in the Ohio HIDTA region?</p> <p>6 A. Yes, based on the report.</p> <p>7 Q. And this report would have been</p> <p>8 shared with all of the plaintiffs in this case,</p> <p>9 including Summit County, Cuyahoga County,</p> <p>10 Cleveland --</p> <p>11 A. At least the executive board --</p> <p>12 Q. -- and Akron?</p> <p>13 A. I would guess. I wasn't there, so</p> <p>14 I can't say, but my practice is the executive</p> <p>15 board all receives a copy of the reports we</p> <p>16 prepare.</p> <p>17 Q. Do agencies not on the executive</p> <p>18 board also receive copies?</p> <p>19 A. Not by standard program. If</p> <p>20 somebody wants it, it's available, but I don't</p> <p>21 send it out, at least my practice, to</p> <p>22 everybody. I don't send it to all law</p> <p>23 enforcement in Ohio, or anything like that.</p> <p>24 Q. They are readily available to</p> <p>25 everyone?</p>	<p style="text-align: right;">Page 85</p> <p>1 communities. It's, you know, comprised, as I</p> <p>2 said, of several -- of five or more people,</p> <p>3 there are some technical things that make you</p> <p>4 one, but it is the organizations bringing the</p> <p>5 drugs into our communities. It's not the</p> <p>6 users.</p> <p>7 Q. And that's the focus of Ohio HIDTA,</p> <p>8 is drug trafficking organizations?</p> <p>9 A. Yes, sir.</p> <p>10 Q. Why is that the focus of Ohio</p> <p>11 HIDTA?</p> <p>12 A. That's where we think we get the</p> <p>13 most bang for the buck. That's how the grant</p> <p>14 program was started, was to dismantle and</p> <p>15 disrupt the organizations, not the users, not</p> <p>16 the small dealers, but the people bringing the</p> <p>17 bulk of the drugs into our state or area.</p> <p>18 Q. Is it fair to say that you think</p> <p>19 that you get the most bang for your buck by</p> <p>20 targeting the drug trafficking organizations,</p> <p>21 that they are responsible for the overwhelming</p> <p>22 majority of drugs that are causing problems in</p> <p>23 Ohio HIDTA?</p> <p>24 A. Based on my experience, yes.</p> <p>25 Q. Now, when Ohio HIDTA started to see</p>



<p style="text-align: right;">Page 86</p> <p>1 individuals in the community struggling with 2 opioids, it was coordinating with some of the 3 most experienced narcotics law enforcement 4 personnel to identify the cause of the problem 5 and respond to it, correct? 6 A. Could you repeat that? 7 Q. When you started to see the heroin 8 epidemic, Ohio HIDTA was working with the 9 experienced narcotics personnel that comprise 10 it to identify the cause of the problem and 11 respond to it, correct? 12 A. I don't know. We don't work with 13 them. We fund them. To me, that's what we do, 14 we provide the funding. They work what they 15 see fit and where they think they should spend 16 their resources. We provide the funding and 17 report their results. 18 Q. You are coordinating -- is it fair 19 to say then that you were coordinating with 20 them to help them work together to identify 21 drug threats and where it might make sense for 22 them to allocate their resources? 23 A. No. They identify the threats as a 24 task force in their communities. Again, we 25 provide the funding.</p>	<p style="text-align: right;">Page 88</p> <p>1 A. That's accurate. 2 Q. So you thought it would be a good 3 way to get, you know, more bang for the buck, 4 to get some funding to Ohio Highway Patrol, 5 because that's the organization that would have 6 been dealing with a lot of the illegal 7 transportation of drugs from out of state? 8 A. Correct. 9 Q. Is there anything else you can 10 think of besides seeking the discretionary 11 funding for highway patrol and the 12 heroin-involved death investigation? 13 A. No, that would have been the only 14 times we requested additional funding for a 15 specific purpose. 16 Q. Is it fair to say the investigative 17 focus of those efforts was on investigating 18 drug trafficking organizations and the cause of 19 overdose deaths? 20 A. Well, the additional 21 Heroin-Involved Death Investigation Team 22 funding was provided specifically just for 23 overtime for those officers responding to 24 overdose investigations. 25 Q. So the investigative focus of the</p>
<p style="text-align: right;">Page 87</p> <p>1 Q. Other than seeking discretionary 2 funding for the Heroin-Involved Death 3 Investigation Teams, were there any other 4 responses Ohio HIDTA took when it started to 5 become aware of the heroin epidemic? 6 A. As part of those write-ups, we also 7 requested additional funding to the 8 supplemental for, you know, maybe highway 9 interdiction and things like that, and we did 10 not receive any funding for that. 11 Q. And why did you seek additional 12 funding for highway interdiction? 13 A. The highway patrol here in Ohio is 14 very successful in interdicting illegal 15 narcotics coming into the state, and again they 16 do different things and work with some of the 17 local departments and county departments to 18 have blitzes, so to say, or hit an area of the 19 highway or state where, you know, they are 20 experiencing problems, and we just wanted to 21 provide additional funding for that, and we did 22 not get it for that. 23 Q. Is it fair to say then that a lot 24 of the illegal drugs in Ohio are coming from 25 out of state?</p>	<p style="text-align: right;">Page 89</p> <p>1 officers would have been on responding to 2 overdoses and identifying the causes of those 3 overdoses, correct? 4 A. I guess that's not my decision to 5 make. That would be their determination why 6 they are responding. We just knew they were 7 responding and tried to receive funding to help 8 them respond. 9 Q. Did any of the communities that had 10 officers working on a Heroin-Involved Death 11 Investigation Team ever report to HIDTA that 12 they are aware of an instance in which somebody 13 overdosed on a drug sold by one of the 14 defendants in this case? 15 A. Again, I don't know who all the 16 defendants are, but I've never been told that, 17 that they were or were not. 18 Q. Did anyone ever report that an 19 individual had overdosed by taking a 20 prescription opioid as directed by their 21 doctor? 22 A. No. Again, I am not privy nor do I 23 ask or am told about case investigation. 24 Q. Can you recall any actions that you 25 were seeing Summit County and Cuyahoga County</p>



<p style="text-align: right;">Page 90</p> <p>1 taking to combat the heroin epidemic?</p> <p>2 A. Other than the seizures in those</p> <p>3 types of -- you know, of heroin or fentanyl</p> <p>4 have increased, which would indicate they are</p> <p>5 working those types of organizations or seeing</p> <p>6 more of that drug, and then the additional</p> <p>7 funding that we have provided.</p> <p>8 Q. What drugs besides prescription</p> <p>9 opioids are being abused in Ohio HIDTA today?</p> <p>10 A. Well, outside of prescription,</p> <p>11 heroin, cocaine is being misused,</p> <p>12 methamphetamine is being misused.</p> <p>13 Q. Is something you are seeing that</p> <p>14 cocaine and methamphetamine are growing and</p> <p>15 becoming an increasing problem?</p> <p>16 A. Yes.</p> <p>17 Q. Is cocaine and methamphetamine</p> <p>18 something that is trending towards being the</p> <p>19 greatest drug threat in the Ohio HIDTA region?</p> <p>20 A. I don't necessarily know if we know</p> <p>21 that yet. We could see an increase in it,</p> <p>22 based on what we are seizing and based on some</p> <p>23 of the coroner reports, where the mixture of</p> <p>24 cocaine and fentanyl are causing overdoses. I</p> <p>25 think it is too early to tell.</p>	<p style="text-align: right;">Page 92</p> <p>1 Q. You personally don't know one way</p> <p>2 or another --</p> <p>3 A. I don't know, no.</p> <p>4 Q. -- kind of what's driving it?</p> <p>5 Is something you have seen</p> <p>6 previously individuals who started with a</p> <p>7 different illicit drug, like cocaine and</p> <p>8 methamphetamine, and then switching to a drug</p> <p>9 like heroin?</p> <p>10 A. I don't have any knowledge or basis</p> <p>11 or background in that.</p> <p>12 Q. In your career in law enforcement,</p> <p>13 is that something that you have seen,</p> <p>14 individuals shifting from one illegal substance</p> <p>15 to another, that are completely different</p> <p>16 drugs?</p> <p>17 A. Not -- yes, people -- and I don't</p> <p>18 know if they necessarily switch. You see use</p> <p>19 of multi drugs, of various drugs combined,</p> <p>20 where if one is not available, they will go to</p> <p>21 something else.</p> <p>22 Q. So is the availability of drugs</p> <p>23 something that influences, kind of, what drugs</p> <p>24 that people are using typically?</p> <p>25 A. It is a possibility it could, if</p>
<p style="text-align: right;">Page 91</p> <p>1 Q. And is that -- is the increase in</p> <p>2 the cocaine and methamphetamine problem, that</p> <p>3 more -- that new addicts are emerging or that</p> <p>4 people are switching from other drugs back to</p> <p>5 cocaine and methamphetamine?</p> <p>6 A. I don't know why there would be</p> <p>7 more. I could make assumptions, but I don't</p> <p>8 have any proof or evidence as to why that --</p> <p>9 what people use or don't use and how many more</p> <p>10 people are using. I'm not, you know, in that</p> <p>11 business of addiction.</p> <p>12 Q. What -- strike that.</p> <p>13 In the past few years when you</p> <p>14 prepared threat assessments, what have you</p> <p>15 identified as the cause or source of that</p> <p>16 increased cocaine and methamphetamine activity,</p> <p>17 if anything?</p> <p>18 A. Anecdotally, I have been told that</p> <p>19 some of that is based on opioid users using</p> <p>20 cocaine or meth to counteract the depressing or</p> <p>21 depressant side of opioids, so they don't look</p> <p>22 so lethargic and appear to be an opioid user.</p> <p>23 Some is fear of heroin now, because</p> <p>24 of the fentanyl contained in it, and those are</p> <p>25 some of the things I've heard, but that was --</p>	<p style="text-align: right;">Page 93</p> <p>1 they couldn't get one, they would do the other.</p> <p>2 Q. Other than cocaine and heroin, what</p> <p>3 other -- and methamphetamine, are there any</p> <p>4 other drugs that are being abused in Ohio HIDTA</p> <p>5 today?</p> <p>6 A. We still see the seizure of illicit</p> <p>7 prescription drugs, as we call them, or</p> <p>8 pharmaceutical drugs are still seizing, still</p> <p>9 seizing those pills, and people are still using</p> <p>10 those. Marijuana is the most widely used</p> <p>11 recreational drug.</p> <p>12 Q. Is marijuana abuse a problem in</p> <p>13 Ohio HIDTA?</p> <p>14 A. I don't know if I'm qualified to</p> <p>15 say what abuse is.</p> <p>16 Q. What would you say the most</p> <p>17 significant drug problem in Ohio HIDTA today</p> <p>18 is?</p> <p>19 A. Still heroin, fentanyl.</p> <p>20 Q. How long has heroin and fentanyl</p> <p>21 been the most significant drug problem in Ohio</p> <p>22 HIDTA?</p> <p>23 A. As I mentioned, without reports in</p> <p>24 front of me, probably approximately 2012</p> <p>25 timeframe when heroin -- we started to see more</p>

<p style="text-align: right;">Page 94</p> <p>1 heroin, and fentanyl has probably emerged in 2 the last two years or so. 3 Q. Prior to heroin and fentanyl, what 4 was the greatest drug threat in the Ohio HIDTA 5 region? 6 A. I would have to look at the 7 reports, but I believe cocaine would have been 8 at least what we were seizing, and again, 9 that's based on what we seize. I don't know if 10 that gives an indication of what's being used. 11 Q. Can you recall any point in time in 12 which the greatest drug threat identified in 13 Ohio HIDTA region was prescription opioids 14 specifically? 15 A. I cannot specifically recall, 16 without looking back at reports, and probably 17 those would have been maybe even before my 18 tenure. 19 Q. Would it surprise you if none -- if 20 I were to represent to you that none of the 21 annual reports have identified prescription 22 opioids as the greatest drug threat in the 23 region? 24 A. That might not surprise me if it 25 wasn't the greatest, but I would be surprised</p>	<p style="text-align: right;">Page 96</p> <p>1 percentage of that abuse would you say is 2 caused by people using the drugs as prescribed 3 by a doctor, as opposed to using them 4 illegitimately? 5 A. I have no knowledge of that. 6 Q. Are there any regional differences 7 between Summit County and Cuyahoga County that 8 you are aware of, in terms of drug trends? 9 A. No. I believe they probably 10 experienced similar items of what they are 11 working and what the issues are. You know, I 12 know that Summit County probably has more 13 methamphetamine seized than Cuyahoga County, 14 but other than that, I believe they would 15 parallel each other pretty closely. 16 Q. And is what you are seeing reported 17 from those counties pretty typical with what 18 you are seeing -- what you are reporting in 19 your annual reports for Ohio HIDTA as a whole? 20 A. Yes. 21 Q. In 2018, what was the greatest drug 22 threat in the Ohio HIDTA region? 23 A. Heroin and fentanyl. 24 MR. STEPHENS: Can you repeat the 25 question.</p>
<p style="text-align: right;">Page 95</p> <p>1 if those reports didn't mention that there was 2 a problem with prescription drugs. 3 Q. And why wouldn't it surprise you if 4 prescription opioids were never reported as the 5 greatest drug threat? 6 A. Why it wouldn't surprise me? 7 Q. Let me rephrase. 8 A. I want to make sure. 9 Q. You testified that it wouldn't 10 surprise you -- 11 A. Right. 12 Q. -- if prescription opioids were 13 never the greatest drug threat in the region, 14 correct? 15 A. Right. 16 Q. Why wouldn't that surprise you? 17 A. Based on the amount of seizures 18 that we have had over the different years of 19 the different pharmaceutical products, based on 20 the addition of ADAMHS in Sciota County to the 21 Ohio HIDTA in about 2012, I think that was, and 22 what was going on in their communities. So it 23 wouldn't surprise me that it was mentioned. 24 Q. When prescription drugs and 25 prescription opioids are being abused, what</p>	<p style="text-align: right;">Page 97</p> <p>1 MR. RAIOLA: "In 2018, what was the 2 greatest drug threat in the Ohio HIDTA region?" 3 Q. Has there ever been a time when the 4 abuse of drugs has not been a problem in the 5 Ohio HIDTA? 6 A. No. That's why we were formed, and 7 we have continued to grow, either through 8 addition initiatives or task forces, additional 9 counties or additional funding. 10 Q. How do the drug problems today 11 compare to the drug problems when you began 12 working for Ohio HIDTA; are they the same, you 13 know, different, worse, better? 14 A. I think the overall problem is 15 worse. You know, the seizure of different 16 drugs has changed since I started. 17 Q. How are the problems worse? 18 A. We are seizing more drugs of a lot 19 of different kinds, to include heroin, 20 fentanyl, cocaine, methamphetamine, and we are 21 having more people overdose in Ohio each year. 22 Q. And again, heroin and fentanyl are 23 the drugs that you'd identify as driving those 24 overdoses, and cocaine? 25 A. Yes.</p>

25 (Pages 94 - 97)

<p style="text-align: right;">Page 98</p> <p>1 Q. Is something you have been seeing 2 that the availability of prescription opioids 3 has been decreasing in recent years? 4 A. I don't know if the availability 5 has decreased. 6 Q. Can you turn back to Exhibit 1, and 7 can you turn to Bates number 000997. Again, 8 for the record, this is the 2017 annual report, 9 correct? 10 And the threat assessment says, 11 "Fentanyl and its analogs have become the 12 primary drug threat in the Ohio HIDTA region," 13 correct? 14 A. Correct. 15 Q. And, "The primary source of 16 fentanyl being transported and sold in Ohio is 17 Mexican drug trafficking organizations," 18 correct? 19 A. Correct. 20 Q. The third paragraph says, 21 "According to the 2017 Ohio Automated Rx 22 Reporting System annual report, the number of 23 opioid prescriptions in Ohio decreased by 27 24 percent between 2013 and 2017. This decrease 25 was due in part to Ohio medical professionals</p>	<p style="text-align: right;">Page 100</p> <p>1 A. I don't know that I could make that 2 conclusion. I can make the conclusion that 3 more doses -- less doses are being dispensed in 4 a given year, but beyond that, I think that's 5 all that can be gleaned from the chart. 6 Q. Do you think OARRS has helped 7 contribute to that decrease? 8 A. Yes, yes. 9 Q. So OARRS has been something that 10 has been helpful in decreasing availability? 11 A. Well, decreasing the number of 12 prescriptions. I don't know, when you say 13 availability, you know, I don't know what you 14 mean by that, to be honest with you. 15 Q. Do you know why the use of OARRS 16 might have resulted in fewer drugs being 17 prescribed? 18 A. It prevents doctor shopping, is my 19 understanding, where they cannot be getting the 20 same medicine from different doctors, or the 21 doctor can check and say, hey, they have 22 already been receiving this from somebody. 23 That gives them a better track of the usage of 24 somebody. 25 Q. Is it fair to say that if OARRS had</p>
<p style="text-align: right;">Page 99</p> <p>1 querying OARRS more than 42 million times 2 during 2017. This is a comparison to 2011, 3 when there were only 1.8 million inquiries in 4 OARRS" -- 5 A. Yes. 6 Q. -- do you see that? 7 A. Uh-huh. 8 Q. What is OARRS? 9 A. That is the state's prescription 10 monitoring program, the Ohio Automated RX 11 Reporting System, where doses of prescriptions 12 are tracked. 13 Q. And do I read that paragraph 14 correctly to be stating that something that 15 Ohio HIDTA was seeing is that as use of OARRS 16 became more prevalent and individuals were 17 checking OARRS more often, that that was 18 leading to doctors prescribing less opioids and 19 detecting more diversion? 20 A. Correct. That's what the charge 21 is. 22 Q. So in your experience, has OARRS 23 been something that has been helpful in 24 reducing some of the sources of diverted 25 opioids?</p>	<p style="text-align: right;">Page 101</p> <p>1 been instituted by the State of Ohio sooner, 2 that that could have helped -- could have 3 helped the problems with -- strike that. 4 If OARRS had you been instituted 5 sooner, would that have been something that 6 would have helped with the diversion of 7 prescription opioids sooner? 8 A. I don't know if I can make that 9 conclusion from this, the decrease. Either 10 way, I don't. 11 Q. Does this report reflect your 12 recollection that the availability of 13 prescription drugs is decreasing? 14 A. It shows me that the number of 15 opioids being prescribed are decreasing. I 16 don't know what that does to availability. I 17 don't know. I would have to have a definition 18 of what you mean by availability. 19 Q. Is there a reason why the decrease 20 in the number of opioids prescribed wouldn't 21 necessarily affect how many opioids are on the 22 streets in Ohio HIDTA? 23 A. Again, I think you would -- I don't 24 know that you could draw -- I can't draw that 25 conclusion, because you don't know who is</p>

<p style="text-align: right;">Page 102</p> <p>1 using, who is misusing of what goes out there.  2 You know, the numbers can go down,  3 but that doesn't necessarily say that all the  4 people who are misusing it or abusing it are  5 now out of the system. I think this just shows  6 a number that they were decreased, and we used  7 this in the report as part of showing this is  8 something that's positive that's going on in  9 Ohio, at least with the increase of OARRS  10 inquiries and a decrease in the number of  11 dispensed doses of opioids.  12 Q. Let me ask you this: Are drug  13 trafficking organizations a source of  14 prescription opioids that people abuse in the  15 Ohio HIDTA region?  16 A. They can be.  17 Q. What percent of the drug problems  18 in the Ohio HIDTA today would you say relate to  19 drugs that are not opioids at all?  20 A. I'd have to do some research to  21 answer that, and it would be based on seizure  22 information and number of details and what  23 those details were, you know, trafficking in.  24 - - - - -  25 (Thereupon, Deposition Exhibit 4,</p>	<p style="text-align: right;">Page 104</p> <p>1 that's where we account for our statistical  2 accomplishments that we report.  3 Q. Is that a database?  4 A. It's a database, yes.  5 Q. So the local task forces will go  6 and input aggregate statistics into that  7 database, and that's what this reflects?  8 A. They provide them to our  9 coordinator, and she inputs them.  10 Q. If you look at the five-year total  11 of drugs, it indicates the quantity of cocaine  12 seized was 1,995 kilograms of cocaine between  13 2011 and 2015, correct?  14 A. Correct.  15 Q. Heroin was 712 kilograms during  16 that five-year period, correct?  17 A. Correct.  18 Q. Marijuana was 56,164 kilograms,  19 correct?  20 A. Correct.  21 Q. Pharmaceutical drugs seized was  22 69.3 kilograms, correct?  23 A. Correct.  24 Q. And then opioids, specifically,  25 prescription opioids specifically was 12.81</p>
<p style="text-align: right;">Page 103</p> <p>1 Native Spreadsheet Produced, with  2 the Bates number OH-HIDTA 000001,  3 was marked for purposes of  4 identification.)  5 - - - - -  6 Q. I'm going to mark as Exhibit 4 a  7 native spreadsheet that was produced to us,  8 with the Bates number OH-HIDTA 000001. Do you  9 recognize this document?  10 A. I recognize the data. I don't  11 specifically recognize it, and it appears to  12 have been turned over with the documents, but I  13 don't know if I produced this document or  14 somebody within the HIDTA had produced this.  15 Q. And what is this document?  16 A. This is drug seizure data for 2011  17 through 2015, with a five-year total for  18 various drugs.  19 Q. Where does this seizure data come  20 from?  21 A. From the task force commanders who  22 report it to the PMP system or coordinator on a  23 quarterly basis.  24 Q. PMP?  25 A. Performance management process,</p>	<p style="text-align: right;">Page 105</p> <p>1 kilograms, correct?  2 A. Correct.  3 Q. How did the 2016 to 2018 seizure  4 numbers compare to this?  5 A. I'd have to see them. I believe  6 cocaine will be up, heroin will be up, the  7 pharmaceuticals, I would have to see. I don't  8 believe they would be up, but I'd have to see  9 the numbers.  10 Q. Does this surprise you that, if you  11 look at the -- strike that.  12 The 2015 column, right, indicates  13 that there were 37.3 kilograms of  14 pharmaceutical drugs seized; is that correct?  15 A. Correct.  16 Q. And only 2.11 of those kilograms of  17 drugs seized were opioids, correct?  18 A. Correct.  19 Q. Does that surprise you at all?  20 A. No, because when you look below it  21 at dosage units, you can see that the dosage  22 units seized were 112,000 and the opiate dosage  23 units were 76,000.  24 Q. What other pharmaceutical drugs  25 have you seen seized in the Ohio HIDTA region?</p>

<p style="text-align: right;">Page 106</p> <p>1 A. There is probably a list of 50 or 2 more, and I would have to look at them. They 3 could be steroids, they could be ADD medicine, 4 they could be any type of pharmaceutical that 5 is illegal to be trafficking in. 6 Q. Are there any that are more 7 prevalent than others, that stand out in your 8 mind? 9 A. No. I'd have to see the list to 10 make that determination, because like most of 11 our reports, it gets rolled up into a general 12 number. 13 Q. Is it fair to say, based on these 14 seizure statistics, that marijuana is, kind of, 15 the most commonly seized drug in the Ohio HIDTA 16 region? 17 A. I wouldn't -- I don't know, based 18 on the amount seized. You can say it is the 19 most commonly, because you usually get it in 20 bigger quantities. So it appears, when you see 21 56,000 kilos, that could be a lot less 22 seizures, just you are seizing 1,000 pounds or 23 900 pounds or whatever at a time. 24 Q. And there is substantially more 25 cocaine seized than heroin, correct?</p>	<p style="text-align: right;">Page 108</p> <p>1 that's -- I'm not qualified to voice an opinion 2 on that. 3 - - - - - 4 (Thereupon, Deposition Exhibit 5, 5 Opioids: A crisis Still Facing Our 6 Entire Community, Beginning with 7 Bates Label OH-HIDTA 003821, was 8 marked for purposes of 9 identification.) 10 - - - - - 11 Q. I'm going to mark as Exhibit 5 a 12 document that's Bates number OH-HIDTA 003821. 13 Are you familiar with this 14 document, Mr. Siegel? 15 A. I am. 16 Q. And what is this document? 17 A. It is a cover sheet and a letter 18 from the U.S. Attorney's Office and talking 19 about a conference held on September 6, 2018 20 here in Cleveland, entitled Opioids: A Crisis 21 Still Facing Our Entire Community. 22 Q. Did you attend this? 23 A. I did attend this. 24 Q. And what was discussed at this? 25 A. The purpose was to bring law</p>
<p style="text-align: right;">Page 107</p> <p>1 A. Yes. 2 Q. And pharmaceutical drugs are a 3 small fraction of the amount of cocaine and 4 heroin seized, correct? 5 A. It depends. Are you basing that 6 on -- are you asking me that based on weight 7 or -- 8 Q. I guess, in general, it is 9 something that you are seeing, that cocaine and 10 heroin are being seized by law enforcement more 11 than prescription drugs? 12 A. I don't know that for sure, because 13 the data gets reported. I don't see how many 14 necessarily or how often those seizures were 15 occurring. Based on the weight, I would say 16 yes. 17 Q. What percent of the heroin epidemic 18 relates to illicit nonprescription opioids, as 19 opposed to prescription opioids? 20 A. I do not have any idea. 21 Q. Is it fair to say that heroin and 22 carfentanil and illicit fentanyl analogs are 23 driving the heroin epidemic, as opposed to 24 prescription opioids? 25 A. I don't know. I think</p>	<p style="text-align: right;">Page 109</p> <p>1 enforcement, prevention, treatment people 2 together and talk about the opioid crisis, 3 according to, you know, the title here, in the 4 community here in Cuyahoga County, and about 5 what the nature of the problem is, what we have 6 done -- or the community has done to address 7 this problem, some medical perspectives, you 8 know, what can we do to move forward, what are 9 the hospitals doing, are there things we are 10 doing in the community that are working, you 11 know, whether, again, beyond the addiction 12 treatment side, with needle exchange, things 13 like that, and what can we continue to do as a 14 community. 15 Q. If you look at the page Bates 16 numbered 3822, I think that's the second page 17 of this document. 18 A. Okay. 19 Q. The bottom paragraph says, "We know 20 too that this epidemic is very different today 21 than it was five years ago. Fentanyl, not 22 heroin, is what is driving the vast majority of 23 deaths in recent years. Just this year we have 24 seen a surge in deaths involving fentanyl-laced 25 cocaine or even cocaine on its own. In fact,</p>



<p style="text-align: right;">Page 110</p> <p>1 recent trends indicate that for 2018, cocaine 2 will rival fentanyl as the number one drug on 3 overdose death certificates in Cuyahoga 4 County"; is that correct? 5 A. Correct. 6 Q. Is what you have seen in Ohio HIDTA 7 consistent with that, that fentanyl is what is 8 driving the vast majority of overdose deaths -- 9 A. Yes. 10 Q. -- in recent years, and is it also 11 consistent that you are seeing a lot of 12 fentanyl-laced cocaine or cocaine on its own? 13 A. Correct. 14 Q. Are you aware of any -- strike 15 that. 16 When an individual takes cocaine 17 laced with fentanyl, is it consistent with your 18 experience that a lot of those individuals 19 don't even realize that they are ingesting an 20 opioid, and they are going to their drug dealer 21 to take cocaine? 22 A. I don't have any experience in 23 that, as far as what they go to the dealer for 24 or what their habit was. 25 Q. Is it possible that some of the</p>	<p style="text-align: right;">Page 112</p> <p>1 A. I don't know. That would be a 2 question for the medical examiner, I think. 3 Q. Without heroin, fentanyl and 4 carfentanil, would there be a heroin epidemic 5 today? 6 A. Yes. We were seeing the heroin and 7 the increase in heroin, heroin overdoses before 8 we ever started to see fentanyl and 9 carfentanil. 10 Q. Without heroin, fentanyl and 11 carfentanil, would there be an opioid epidemic 12 today? 13 A. I don't know what the extent of the 14 problem would be. That would be speculation. 15 Q. Do you think it would be better 16 without those drugs on the street? 17 A. Are you asking for my opinion? 18 Q. Based on your experience in law 19 enforcement, would you say that the problems 20 Ohio HIDTA is having today with drug overdoses 21 wouldn't be as bad as they are without heroin, 22 fentanyl and carfentanil? 23 A. I would say that. 24 Q. And again, that's because those are 25 the drugs that are driving overdoses recently,</p>
<p style="text-align: right;">Page 111</p> <p>1 individuals overdosing on fentanyl-laced 2 cocaine are intending to purchase 3 cocaine and -- 4 A. Yes, that's possible. 5 Q. So there are some individuals who 6 are overdosing on fentanyl who may never have 7 intended to purchase an opioid and were simply 8 trying to purchase cocaine? 9 A. That could be true. 10 Q. And has this mixing of drugs, 11 fentanyl and carfentanil, contributed to the 12 heroin epidemic? 13 A. Well, I guess I don't know what you 14 mean by, "Contributing to the epidemic." So I 15 think it is contributing to the problem and 16 also to the overdoses, but, you know, I don't 17 know if it's -- when you say "contributing," I 18 don't know if it is creating new users, 19 additional users, things like that, but it is 20 contributing to the impact of what is going on 21 right now. 22 Q. Is the lacing of drugs with 23 fentanyl and carfentanil causing individuals to 24 overdose who wouldn't have overdosed if the 25 drug hadn't been laced?</p>	<p style="text-align: right;">Page 113</p> <p>1 correct? 2 A. Correct. 3 Q. To the extent prescription opioids 4 are abused today, do you know what percentage 5 of those prescription opioids were lawfully 6 prescribed and used as directed by their 7 doctor? 8 A. I do not. 9 Q. Would it be fair to say that the 10 majority of prescription opioids being abused 11 in Ohio HIDTA have been diverted or not used as 12 directed by their doctor? 13 A. I don't know. 14 - - - - - 15 (Thereupon, Deposition Exhibit 6, 16 Ohio High Intensity Drug Trafficking 17 Area Drug Market Analysis, Beginning 18 with Bates Label OH-HIDTA 002635, 19 was marked for purposes of 20 identification.) 21 - - - - - 22 Q. Marking as Exhibit 6 a document 23 with the Bates number OH-HIDTA 002635. Do you 24 recognize this document? 25 A. I don't recognize it. I recognize</p>

<p style="text-align: right;">Page 114</p> <p>1 what it is.</p> <p>2 Q. And what is this?</p> <p>3 A. It's the 2007 Ohio HIDTA Drug</p> <p>4 Market Analysis, prepared by the National Drug</p> <p>5 Intelligence Center.</p> <p>6 Q. And what is the drug market</p> <p>7 analysis?</p> <p>8 A. It would be equivalent to what we</p> <p>9 now call the threat assessment, what is the</p> <p>10 analysis of the drug problem in our area at</p> <p>11 that time.</p> <p>12 Q. So what information do you use to</p> <p>13 prepare the threat assessment; is it any</p> <p>14 different than the information you use to</p> <p>15 prepare the annual report?</p> <p>16 A. It could be. Some of it is the</p> <p>17 same information, as far as the statistical</p> <p>18 data from the Ohio HIDTA, things that we glean</p> <p>19 from the threat survey or interview of the task</p> <p>20 force commanders, and also outside research</p> <p>21 that we do, as I said, with, like, the Ohio</p> <p>22 Department of Health, county coroners, those</p> <p>23 types of agencies that help formulate what we</p> <p>24 are doing and what we should be doing.</p> <p>25 And then looking at this specific</p>	<p style="text-align: right;">Page 116</p> <p>1 drug abuse"; do you see that?</p> <p>2 A. Yes, I do.</p> <p>3 Q. And that paragraph reads,</p> <p>4 "Pharmaceutical drug abuse remains stable at</p> <p>5 high levels throughout the HIDTA region, with</p> <p>6 OxyContin reportedly the most abused drug.</p> <p>7 Most abusers crush OxyContin to defeat the</p> <p>8 drug's time-release mechanism and then inhale</p> <p>9 the powder; however, in Cuyahoga County, many</p> <p>10 abusers have switched to injecting the drug";</p> <p>11 do you see that?</p> <p>12 A. Yes, I do.</p> <p>13 Q. Is that consistent with the</p> <p>14 information you have seen since you have become</p> <p>15 the executive director of Ohio HIDTA?</p> <p>16 A. In reference, you are talking about</p> <p>17 crushing oxycodone?</p> <p>18 Q. Yeah. That a lot of the</p> <p>19 OxyContin --</p> <p>20 A. I have no idea how they are</p> <p>21 injecting it or using it.</p> <p>22 Q. And crushing OxyContin and inhaling</p> <p>23 the powder isn't how a doctor would direct an</p> <p>24 individual to use the drug, right?</p> <p>25 A. I don't believe so.</p>
<p style="text-align: right;">Page 115</p> <p>1 one, I don't know if the NDIC used the same</p> <p>2 criteria that we always used, or how we do it.</p> <p>3 Q. Is there any information that you</p> <p>4 look at to prepare the threat assessment that</p> <p>5 you don't look at when preparing the annual</p> <p>6 report?</p> <p>7 A. Probably not different information,</p> <p>8 different years maybe, since the annual report</p> <p>9 is a historical document and the threat is a</p> <p>10 current document.</p> <p>11 So I might look at what was -- you</p> <p>12 know, is there more recent data to indicate</p> <p>13 what is going on now to help you formulate a</p> <p>14 forward strategy versus what happened last</p> <p>15 year, but most of the documents and the</p> <p>16 information I look at, from my side, would be</p> <p>17 statistical, you know, information, what have</p> <p>18 we seen, where do we think it is going, what do</p> <p>19 the task force commanders say, and what are we</p> <p>20 seeing in some of the type medical or</p> <p>21 treatment, health department, those types of</p> <p>22 things. So it is mostly the same information.</p> <p>23 Q. If you turn to page 7 of Exhibit 6,</p> <p>24 and you look at the right-hand column, there is</p> <p>25 a paragraph that begins with, "Pharmaceutical</p>	<p style="text-align: right;">Page 117</p> <p>1 Q. If you can quickly turn back to</p> <p>2 that 2002 threat assessment. I think it is</p> <p>3 Exhibit 3.</p> <p>4 A. Yeah, I have it.</p> <p>5 Q. Can you turn to page 39 of that</p> <p>6 document, please.</p> <p>7 A. Okay.</p> <p>8 Q. The first sentence on the top of</p> <p>9 the page 39 indicates, "According to responses</p> <p>10 to the NDIC National Drug Treat Survey 2002,</p> <p>11 most law enforcement officials in the Ohio</p> <p>12 HIDTA region report that OxyContin primarily is</p> <p>13 obtained through doctor shopping and to a</p> <p>14 lesser extent forged prescriptions, stolen</p> <p>15 prescription pads, theft and pharmacy</p> <p>16 break-ins"; is that correct?</p> <p>17 A. Correct, that's what it says.</p> <p>18 Q. Is that what you have been seeing</p> <p>19 since you have taken over as executive director</p> <p>20 of HIDTA, that OxyContin and prescription drugs</p> <p>21 that are abused are primarily obtained through</p> <p>22 doctor shopping, forged prescriptions, stolen</p> <p>23 prescriptions, theft and pharmacy break-ins?</p> <p>24 A. I don't have any information to say</p> <p>25 one way or the other.</p>

<p style="text-align: right;">Page 118</p> <p>1 Q. And you don't have any reason to</p> <p>2 doubt the accuracy of that reported, at least</p> <p>3 for that year?</p> <p>4 A. No, I don't.</p> <p>5 MR. RAIOLA: Do we want to take a</p> <p>6 break? I'm about to switch subjects. We have</p> <p>7 been going about an hour. Does that work?</p> <p>8 THE WITNESS: That's fine.</p> <p>9 MR. O'BRIEN: That's fine.</p> <p>10 THE VIDEOGRAPHER: 11:49, going off</p> <p>11 the record.</p> <p>12 (Recess taken.)</p> <p>13 THE VIDEOGRAPHER: It is 12:10. We</p> <p>14 are back on the record.</p> <p>15 Q. Welcome back, Mr. Siegel.</p> <p>16 A. Okay. Thank you.</p> <p>17 Q. We were talking a little bit about</p> <p>18 heroin, fentanyl and carfentanil this morning.</p> <p>19 Where is the heroin that is causing</p> <p>20 problems in Ohio HIDTA coming from?</p> <p>21 A. The Southwest border.</p> <p>22 Q. Anywhere else?</p> <p>23 A. Primarily there. Every now and</p> <p>24 then we might see some come down from New York.</p> <p>25 Q. And that's coming from drug</p>	<p style="text-align: right;">Page 120</p> <p>1 A. Different routes, but originating</p> <p>2 in China, primarily.</p> <p>3 Q. How does it get here from China?</p> <p>4 A. Via parcel post or to Mexico and</p> <p>5 then brought up via carrier.</p> <p>6 Q. What are the other methods besides,</p> <p>7 kind of, the mail orders from China that are</p> <p>8 sources of illicit fentanyl?</p> <p>9 A. The other sources or the other</p> <p>10 means?</p> <p>11 Q. Are there other sources than China?</p> <p>12 A. I don't know. I believe there is</p> <p>13 some other countries that might be also</p> <p>14 producing that, but it's primarily China and</p> <p>15 then through Mexico.</p> <p>16 Q. Again, are those drug trafficking</p> <p>17 organizations?</p> <p>18 A. Yes.</p> <p>19 Q. I believe I asked you this question</p> <p>20 earlier, but in case I didn't, I just want to</p> <p>21 double-check.</p> <p>22 There is a prescription fentanyl,</p> <p>23 but is the majority of fentanyl-related</p> <p>24 problems you are seeing in Ohio HIDTA relating</p> <p>25 to illicit fentanyl that is coming from drug</p>
<p style="text-align: right;">Page 119</p> <p>1 trafficking organizations?</p> <p>2 A. Or possibly Chicago via the</p> <p>3 Southwest border, then over.</p> <p>4 Q. And is the source of those drugs</p> <p>5 drug trafficking organizations?</p> <p>6 A. Yes.</p> <p>7 Q. Any ones in particular?</p> <p>8 A. Again, my knowledge comes from what</p> <p>9 I glean from the task force commanders, because</p> <p>10 I'm not out there operational. It's the</p> <p>11 Sinaloa Cartel.</p> <p>12 Q. The defendants in this case, the</p> <p>13 pharmaceutical manufacturers and distributors</p> <p>14 and retail pharmacies, don't sell heroin,</p> <p>15 right?</p> <p>16 A. I don't believe so.</p> <p>17 Q. So as far as you are aware, the</p> <p>18 source of all the heroin in Ohio HIDTA is</p> <p>19 coming from these drug trafficking</p> <p>20 organizations, like the Sinaloa Cartel; is that</p> <p>21 fair?</p> <p>22 A. Correct.</p> <p>23 Q. Where does the majority of the</p> <p>24 fentanyl that's causing problems in Ohio HIDTA</p> <p>25 come from?</p>	<p style="text-align: right;">Page 121</p> <p>1 trafficking organizations?</p> <p>2 A. Based on the quantity of seizures</p> <p>3 and the amount seized at a time, I would say</p> <p>4 yes.</p> <p>5 Q. Where's the carfentanil that Ohio</p> <p>6 HIDTA is seeing coming from?</p> <p>7 A. Also from China, I believe.</p> <p>8 Q. Do you recall when carfentanil</p> <p>9 first became a drug of abuse in Ohio HIDTA?</p> <p>10 A. I believe the first time we saw it</p> <p>11 would have been maybe 2018, certainly not</p> <p>12 before 2017. And I might indicate, if I could,</p> <p>13 I could look at a report, but that's my best</p> <p>14 recollection.</p> <p>15 Q. Was it a drug you had heard of</p> <p>16 before then?</p> <p>17 A. I had never heard of it.</p> <p>18 Q. Is it fair to say that carfentanil,</p> <p>19 kind of, caught the Ohio HIDTA region by</p> <p>20 surprise?</p> <p>21 A. I think -- I don't know, as far as</p> <p>22 not hearing of it before, yes, and the high</p> <p>23 potency of it after fentanyl hit the area.</p> <p>24 Q. What happened when carfentanil was</p> <p>25 first introduced in the Ohio HIDTA area?</p>

<p style="text-align: right;">Page 122</p> <p>1 A. The only thing I'm aware of is that 2 overdose deaths, with carfentanil involved, 3 started to show up at the medical examiner's 4 office. 5 Q. Are counterfeit pills being sold as 6 prescription opioids a problem you are seeing 7 in the Ohio HIDTA region? 8 A. Can you define counterfeit? 9 Q. So either drugs that are -- strike 10 that. 11 Pills that are being sold as 12 prescription opioids that are, in reality, 13 fentanyl or heroin. 14 A. Yes, we have had instances where 15 our task forces have seized what appear to be 16 pharmaceuticals that are really fentanyl 17 pressed to look like it. 18 Q. Are those pills contributing to 19 opioid problems in the Ohio HIDTA region? 20 A. I don't know, because I have no 21 idea what hit the street and what didn't hit 22 the street. 23 Q. As far as you are aware, 24 pharmaceutical companies don't sell those 25 counterfeit pills, correct?</p>	<p style="text-align: right;">Page 124</p> <p>1 fentanyl, heroin, carfentanil, opioids are 2 coming from, it's part of the problem. 3 Q. And the dealers of those drugs are 4 part of the problem; is that a fair statement? 5 A. Yes. 6 Q. And the traffickers of those drugs, 7 are they part of the problem? 8 A. Yes. 9 Q. Are they a big part of the problem? 10 A. I don't know how big the problem is 11 outside of what we do at the Ohio HIDTA, and 12 again we target the drug trafficking 13 organizations, so that's primarily what we are 14 attacking. 15 Q. So from Ohio HIDTA's perspective, 16 in terms of what you do, they would be the 17 primary or predominate problem; is that fair? 18 A. I would say yes, but sometimes it 19 can depend on the drug and how it is seized. 20 For instance, when I say that, the highway 21 patrol may get 10,000 pills out of a car, but 22 we have no idea what drug trafficking 23 organization that is related to, or if it is. 24 It's just the seizure of 10,000 pills was 25 accomplished.</p>
<p style="text-align: right;">Page 123</p> <p>1 A. Correct. 2 Q. Have you also seen pills that are 3 being sold as prescription opioids, but they 4 were actually manufactured by drug trafficking 5 organizations in other countries? 6 A. I'm not aware of that. 7 Q. Are there drug trafficking 8 organizations that deal in prescription 9 opioids, as far as you are aware? 10 A. Yes. I don't know if -- without 11 the details in front of me, if they only do 12 that, I would find that hard to believe. It's 13 usually in combination with some other 14 narcotic. 15 Q. So a source for some of the 16 prescription opioids being abused in Ohio HIDTA 17 are drug trafficking organizations; is that 18 fair? 19 A. That's fair to say, yes. 20 Q. Do you think that drug dealers and 21 traffickers of heroin, fentanyl, carfentanil, 22 and these counterfeit prescription opioids 23 share some of the responsibility for the opioid 24 problems in Ohio HIDTA? 25 A. I think no matter where the</p>	<p style="text-align: right;">Page 125</p> <p>1 So some of the things that we do -- 2 and it could be the same with cocaine or 3 heroin. We may not be able to tie that to an 4 investigation or an organization. So it's hard 5 to say how much is tied back to each one. 6 Q. Okay. We talked a little bit about 7 the term "diversion" earlier. Is diversion a 8 crime, as far as you are aware? 9 A. I don't know for sure. I would 10 guess it is. 11 Q. Are there any circumstances you can 12 think of when diversion is not a crime? 13 A. I don't know. I guess it depends 14 what you are diverting, you know, and if we are 15 talking about -- 16 Q. Controlled substances? 17 A. -- controlled substances, I would 18 say no. 19 Q. Based what has been reported to you 20 by members of Ohio HIDTA, is it common for 21 prescription drugs that have been diverted to 22 pass through multiple hands before reaching a 23 user? 24 A. I have no knowledge of that. 25 Q. Are you familiar with any ways in</p>



<p style="text-align: right;">Page 126</p> <p>1 which diversion occurs?</p> <p>2 A. You know, I've heard of doctor</p> <p>3 shopping, it can be pharmaceutical thefts.</p> <p>4 Those are the two that come to mind.</p> <p>5 Q. Is theft from individuals another</p> <p>6 form of diversion?</p> <p>7 A. Yes, it could be.</p> <p>8 Q. Faking an illness or an injury?</p> <p>9 A. Yes, that could be one.</p> <p>10 Q. Smuggling?</p> <p>11 A. Yes.</p> <p>12 Q. Employee theft?</p> <p>13 A. Yes.</p> <p>14 Q. Forged prescriptions?</p> <p>15 A. Yes.</p> <p>16 Q. Improper prescribing and pill</p> <p>17 mills?</p> <p>18 A. Yes.</p> <p>19 Q. And can you give me your definition</p> <p>20 of a pill mill, please?</p> <p>21 A. Someone that is providing pills to</p> <p>22 individuals without a basis to do it, would be</p> <p>23 what I would say.</p> <p>24 Q. Is the resale of legitimate</p> <p>25 prescriptions diversion too?</p>	<p style="text-align: right;">Page 128</p> <p>1 diversion units.</p> <p>2 Q. Is it fair to say that companies,</p> <p>3 pharmaceutical companies, including</p> <p>4 manufacturers, distributors, and pharmacies,</p> <p>5 have very little ability to prevent individual</p> <p>6 instances of theft?</p> <p>7 A. I don't know. I just am not</p> <p>8 familiar with that business, as a director of</p> <p>9 HIDTA.</p> <p>10 Q. Has there ever been a time in which</p> <p>11 Ohio HIDTA -- strike that.</p> <p>12 Has there ever been a time when the</p> <p>13 diversion of prescription opioids has not been</p> <p>14 a problem in Ohio HIDTA, to the extent you can</p> <p>15 remember?</p> <p>16 A. No. We have always had pill</p> <p>17 seizures. Now, again, I don't know how they</p> <p>18 were diverted, I just know it was reported that</p> <p>19 we seized them.</p> <p>20 Q. Who are the people who are engaged</p> <p>21 in diversion, based on your experience?</p> <p>22 A. It could really be anybody. It</p> <p>23 could be people who work at the -- from the</p> <p>24 manufacturer, to the distributor, to the</p> <p>25 pharmacies, to the users.</p>
<p style="text-align: right;">Page 127</p> <p>1 A. I'm not a diversion investigator,</p> <p>2 but I would say yes.</p> <p>3 Q. Internet pharmacies?</p> <p>4 A. I don't know what's legal or not</p> <p>5 legal on an internet pharmacy.</p> <p>6 Q. Based on your experience in law</p> <p>7 enforcement, who, if anyone, would you say has</p> <p>8 the power to prevent theft from happening?</p> <p>9 A. I would say the owner of the</p> <p>10 property.</p> <p>11 Q. What about theft from individuals,</p> <p>12 who has the ability to prevent the theft from</p> <p>13 individuals?</p> <p>14 A. The individual has that ability,</p> <p>15 but also law enforcement, I guess.</p> <p>16 Q. The resale of legitimate</p> <p>17 prescriptions, who has the power to prevent</p> <p>18 that from happening?</p> <p>19 A. I don't know. I don't know who has</p> <p>20 the power to prevent the resale in the controls</p> <p>21 in the pharmaceutical industry.</p> <p>22 Q. How about pill mills, who has the</p> <p>23 power to stop pill mills from operating?</p> <p>24 A. I'm not in that area, but I would</p> <p>25 say the medical board, the pharmacy board, the</p>	<p style="text-align: right;">Page 129</p> <p>1 Q. Let me ask it differently. Medical</p> <p>2 professionals who write unlawful prescriptions,</p> <p>3 are they individuals who engage in diversion?</p> <p>4 A. I don't know what the medical board</p> <p>5 says. If you're asking me my opinion, yes.</p> <p>6 Q. People who steal pills --</p> <p>7 A. Yes.</p> <p>8 Q. -- are they individuals?</p> <p>9 People who forge prescriptions?</p> <p>10 A. Yes.</p> <p>11 Q. Drug trafficking organizations?</p> <p>12 A. Yes.</p> <p>13 Q. Independent drug dealers?</p> <p>14 A. Yes.</p> <p>15 Q. Doctor shoppers?</p> <p>16 A. Yes.</p> <p>17 Q. Do you think that those individuals</p> <p>18 who are engaged in diversion are a cause of</p> <p>19 some of the opioid problems that Ohio HIDTA is</p> <p>20 experiencing?</p> <p>21 A. I don't -- I don't have any</p> <p>22 knowledge to make an opinion on that, I don't</p> <p>23 think. That seems to be more of a treatment or</p> <p>24 an addiction person question that deals with</p> <p>25 those people. I don't deal with cases, and I</p>



<p style="text-align: right;">Page 130</p> <p>1 don't deal with addicts.</p> <p>2 Q. Let me put it this way: Are</p> <p>3 diverted opioids causing drug problems in the</p> <p>4 Ohio -- some of Ohio HIDTA's drug-related</p> <p>5 problems?</p> <p>6 A. Yes, they would be a part of the</p> <p>7 problem.</p> <p>8 Q. So would the individuals who are</p> <p>9 diverting those drugs and putting them on the</p> <p>10 street part of the problem?</p> <p>11 A. Yes.</p> <p>12 Q. Are you aware of any specific</p> <p>13 instance in which a member of Ohio HIDTA</p> <p>14 reported to you that a pharmaceutical</p> <p>15 manufacturer, distributor, or defendant had</p> <p>16 engaged in diversion?</p> <p>17 A. No. Again, I only see the</p> <p>18 statistics that are reported, not the specifics</p> <p>19 of cases.</p> <p>20 Q. Who has the ability to arrest the</p> <p>21 people who commit diversion?</p> <p>22 A. I would imagine anybody in law</p> <p>23 enforcement.</p> <p>24 Q. Private companies don't have the</p> <p>25 ability to arrest diverters, correct?</p>	<p style="text-align: right;">Page 132</p> <p>1 has had an impact in Ohio HIDTA?</p> <p>2 A. I do know that we have seized pills</p> <p>3 coming from the Michigan area down through</p> <p>4 Ohio.</p> <p>5 Q. You have also seen pills from</p> <p>6 Florida?</p> <p>7 A. I'd have to look and research that.</p> <p>8 I just am aware that Michigan is the primary</p> <p>9 one that flows through Ohio.</p> <p>10 Q. What's the basis for your knowledge</p> <p>11 that pills are coming in from Michigan?</p> <p>12 A. Seizure data and seizure</p> <p>13 information.</p> <p>14 Q. When a seizure occurs, do you know</p> <p>15 how the individual law enforcement agencies</p> <p>16 determine where that drug had come from?</p> <p>17 A. No. Again, I don't get into the</p> <p>18 investigation. I just find out about it</p> <p>19 through the seizure data, or if it's in the</p> <p>20 paper or there is some big seizure, they may</p> <p>21 notify me and say, hey, just by the way, no</p> <p>22 matter what the drug is, we did this today, you</p> <p>23 know.</p> <p>24 Q. Are there any policies and</p> <p>25 procedures or guidance that you give to those</p>
<p style="text-align: right;">Page 131</p> <p>1 A. No.</p> <p>2 Q. Who has the ability to revoke the</p> <p>3 licenses of doctors that engaged in diversion?</p> <p>4 A. The state medical board. I don't</p> <p>5 know that, but that's my -- that makes sense to</p> <p>6 me.</p> <p>7 Q. Are there any statistics on how</p> <p>8 much diversion has occurred in Ohio HIDTA each</p> <p>9 year?</p> <p>10 A. No. Only what we've seized.</p> <p>11 Q. So you just have that, the raw</p> <p>12 numbers of the amount of drugs that you would</p> <p>13 identify as diverted that were seized, but</p> <p>14 other than that, that's the only information</p> <p>15 Ohio HIDTA has?</p> <p>16 A. Correct.</p> <p>17 Q. Would it be possible to come up</p> <p>18 with specific numbers as to how many</p> <p>19 prescription drugs in total have been diverted</p> <p>20 in Ohio HIDTA in any given year?</p> <p>21 A. Not that I'm aware of. We</p> <p>22 certainly would not be able to do that at</p> <p>23 HIDTA.</p> <p>24 Q. Are you aware of diversion</p> <p>25 occurring outside of the Ohio HIDTA region that</p>	<p style="text-align: right;">Page 133</p> <p>1 local law enforcement agencies on how to report</p> <p>2 seizure data?</p> <p>3 A. No.</p> <p>4 Q. Are you aware of any efforts that</p> <p>5 have been made to interdict the flow of</p> <p>6 diverted opioids from other states into Ohio</p> <p>7 HIDTA?</p> <p>8 A. Not specifically, just in general,</p> <p>9 as far as the task forces investigating those</p> <p>10 drugs, they do that, or the highway patrol</p> <p>11 interdicting on the highway.</p> <p>12 Q. Is there any coordination that Ohio</p> <p>13 HIDTA does with other regional HIDTAs to</p> <p>14 address the trafficking of diverted drugs</p> <p>15 across state lines?</p> <p>16 A. Over the years, and the last one</p> <p>17 was probably several years back, you know, we</p> <p>18 did have a meeting with some of the directors,</p> <p>19 like my counterpart in Michigan, and I don't</p> <p>20 know who else would have been there, maybe the</p> <p>21 HIDTA director in the Appalachian HIDTA, which</p> <p>22 is centered in London, Kentucky, about what was</p> <p>23 going on, and what can we do, and can we</p> <p>24 formulate some strategies.</p> <p>25 Q. Do you know when that meeting was?</p>

<p style="text-align: right;">Page 134</p> <p>1 A. Probably five years ago, I would 2 guess, if I had to put me memory at task. 3 Q. And did you end up coming up with a 4 plan on ways that those different HIDTAs could 5 coordinate that issue? 6 A. I don't think we ever came up with 7 a good strategy, to be honest with you, and a 8 lot of the coordination was, you know, through 9 maybe the Michigan state and highway patrol in 10 Ohio working together, and the Kentucky State 11 Police, and making sure that people were 12 sharing information of their arrests with the 13 other law enforcement entities on the other 14 end, if they could determine where the stuff 15 was supposed to be headed to or where it came 16 from. 17 Q. Are there any other actions, 18 besides that meeting, that Ohio HIDTA has taken 19 to combat diversion? 20 A. No. Not at the Ohio HIDTA, no. 21 Attend, like that conference you had mentioned 22 earlier, participated and things like that, but 23 as far as the Ohio HIDTA, you know, we are a 24 funding mechanism, and that's what we do. 25 Q. Are you aware of any actions that a</p>	<p style="text-align: right;">Page 136</p> <p>1 enforcement, do you have an opinion on whether 2 investigating diversion is difficult or easy? 3 A. I don't have -- I don't know 4 anything about it to formulate an opinion on 5 it. I don't know what is involved in doing 6 that. 7 Q. Prescription drugs are lawful 8 drugs, right? 9 A. I'm not sure what you mean by that. 10 Q. I guess, does the fact that -- 11 A. A prescription -- 12 Q. -- a prescription drug is a lawful 13 drug, from a law enforcement standpoint, make 14 it more difficult to investigate the abuse of 15 those drugs? 16 A. I don't know. 17 Q. To the best of your knowledge, is 18 anyone in Ohio HIDTA authorized to intervene, 19 to stop a patient from receiving a prescription 20 validly prescribed by a physician? 21 A. No. We would have nothing to do 22 with any of that. 23 Q. Is it fair to say that doctors are 24 in the best position to evaluate whether a 25 prescription drug is appropriate for a</p>
<p style="text-align: right;">Page 135</p> <p>1 local law enforcement agency within HIDTA has 2 taking to combat diversion? 3 A. No, I'm not. 4 Q. You yourself have never been 5 involved in investigating diversion; is that 6 correct? 7 A. That's correct. 8 Q. Has Ohio HIDTA at all been involved 9 in any diversion investigations? 10 A. Only if it would have been through 11 one of our task forces. 12 Q. Do you know anything about those 13 investigations or how they are run at all, 14 through conversations you have had? 15 A. No. Only the final result of 16 seizures or they dismantled an organization or 17 whatever. 18 Q. Does Ohio HIDTA in any way track 19 the number of diversion investigations that 20 are -- 21 A. No. 22 Q. Based on your experience in law 23 enforcement, do you think preventing the 24 diversion of drugs is -- strike that. 25 Based on your experience in law</p>	<p style="text-align: right;">Page 137</p> <p>1 particular patient? 2 A. I don't have any background. 3 Q. Would you feel -- from a law 4 enforcement standpoint, would you feel 5 comfortable second guessing a doctor's decision 6 to prescribe a medication for a particular 7 patient? 8 A. Based on personal experience, yes. 9 Q. You would feel comfortable 10 questioning a doctor's prescribing decision? 11 A. Yes. 12 Q. And what personal experience is 13 that? 14 A. For instance, when my son had 15 shoulder surgery and how many pills he's 16 prescribed for the surgery. 17 Q. Are you aware of any instance in 18 which one of the defendants in this case 19 delivered or dispensed a medication where the 20 prescribing doctor did not have a valid DEA 21 license and registration? 22 A. I wouldn't have any knowledge of 23 licensing. 24 Q. Are you familiar with the ARCOS 25 database?</p>

<p style="text-align: right;">Page 138</p> <p>1 A. I'm familiar with the term.</p> <p>2 Q. What is ARCOS?</p> <p>3 A. It's a database the DEA maintains</p> <p>4 regarding prescription drugs. I have never</p> <p>5 seen the data, other than I provided, in the</p> <p>6 provided documents, one map that one of our</p> <p>7 public health analysts, as we called him,</p> <p>8 prepared, just general data of a map of Ohio,</p> <p>9 but that's the only thing we have used ARCOS</p> <p>10 for, was his preparation of that, and that was</p> <p>11 from public information, he said, on the DEA</p> <p>12 ARCOS data.</p> <p>13 Q. Does anyone, to your knowledge, at</p> <p>14 Ohio HIDTA have access to ARCOS?</p> <p>15 A. No.</p> <p>16 Q. Have you ever requested access to</p> <p>17 ARCOS?</p> <p>18 A. No.</p> <p>19 Q. Do you know when the map, the ARCOS</p> <p>20 map that you produced to us was created?</p> <p>21 A. Probably a year ago. Certainly</p> <p>22 within the last two years or so, because that's</p> <p>23 when that position was created.</p> <p>24 - - - - -</p> <p>25 (Thereupon, Deposition Exhibit 7,</p>	<p style="text-align: right;">Page 140</p> <p>1 appears to be by zip code, you know, what the</p> <p>2 rate of distribution of this drug is in those</p> <p>3 areas, and it might have been done for</p> <p>4 somebody -- Orman Hall is the name of the</p> <p>5 public health analyst who prepared this, and</p> <p>6 he's done charts and graphs for Congressional</p> <p>7 districts, different people in the public</p> <p>8 health arena.</p> <p>9 And just to give you a little bit</p> <p>10 of background, the position of public health</p> <p>11 analyst was formed to help coordinate and</p> <p>12 understand and share information between public</p> <p>13 health and public safety within a given area.</p> <p>14 Q. Is it fair to say that -- strike</p> <p>15 that.</p> <p>16 Are population breakdowns like this</p> <p>17 helpful to identifying drug trends and</p> <p>18 diversion?</p> <p>19 A. I think it is helpful in defining</p> <p>20 trends and what a community in experiencing,</p> <p>21 and then if you can tie -- you know, it's</p> <p>22 helpful, what are we seizing versus what is out</p> <p>23 there, and you can see if they go together.</p> <p>24 Q. So in your mind, is ARCOS something</p> <p>25 that is helpful to identifying those trends?</p>
<p style="text-align: right;">Page 139</p> <p>1 ARCOS Map, Beginning with Bates</p> <p>2 Label OH-HIDTA 001033, was marked</p> <p>3 for purposes of identification.)</p> <p>4 - - - - -</p> <p>5 Q. I would like to mark as Exhibit 7</p> <p>6 OH-HIDTA 001033.</p> <p>7 A. Thank you.</p> <p>8 Q. Do you recognize this document?</p> <p>9 A. I do.</p> <p>10 Q. Is this the ARCOS map you were</p> <p>11 referring to?</p> <p>12 A. Yes, it is.</p> <p>13 Q. And you testified this map is</p> <p>14 generated based on publicly available ARCOS</p> <p>15 data?</p> <p>16 A. That's what I was told by the</p> <p>17 preparer, yes.</p> <p>18 Q. Do you know why this chart was</p> <p>19 prepared?</p> <p>20 A. I do not specifically.</p> <p>21 Q. What is a chart like this useful</p> <p>22 for?</p> <p>23 A. It could be prepared for somebody</p> <p>24 to see what their individual problem is, what</p> <p>25 their county problem is, and then here it</p>	<p style="text-align: right;">Page 141</p> <p>1 A. Again, I have never used it, but I</p> <p>2 think there could be an aspect of it that could</p> <p>3 be helpful.</p> <p>4 Q. Have you had any conversations</p> <p>5 about -- thinking about requesting access to</p> <p>6 ARCOS?</p> <p>7 A. No.</p> <p>8 Q. Are you familiar with the term</p> <p>9 "suspicious order reports"?</p> <p>10 A. I am not.</p> <p>11 Q. We talked a little bit about OARRS</p> <p>12 earlier. Do you know when OARRS was created?</p> <p>13 A. I do not.</p> <p>14 Q. Does anyone at Ohio HIDTA have</p> <p>15 access to OARRS?</p> <p>16 A. I do not believe so. We may have</p> <p>17 tried to get it for the analyst, but we have</p> <p>18 never been able to get access to it.</p> <p>19 Q. Do you know when -- do you know</p> <p>20 when you might have requested access to it?</p> <p>21 A. Maybe two or three years ago, if</p> <p>22 I'm not mistaken, because we don't use it, it's</p> <p>23 for law enforcement has access to it, and our</p> <p>24 analysts are not law enforcement, so they were</p> <p>25 not given access.</p>

<p style="text-align: right;">Page 142</p> <p>1 Q. Do you know why your analysis were</p> <p>2 seeking access to OARRS?</p> <p>3 A. Probably trend analysis data,</p> <p>4 statistical, looking at things, helping provide</p> <p>5 information for the threat assessment.</p> <p>6 Q. And do you know what the specific</p> <p>7 reason for the denial of --</p> <p>8 A. I think because they were not law</p> <p>9 enforcement.</p> <p>10 Q. Do you know how long ARCOS has been</p> <p>11 around?</p> <p>12 A. I do not.</p> <p>13 Q. Do you know how long OARRS has been</p> <p>14 around?</p> <p>15 A. I do not.</p> <p>16 Q. Do you know that private companies</p> <p>17 don't have access to OARRS and ARCOS?</p> <p>18 A. I think I'm aware of that. It</p> <p>19 doesn't surprise, me, ARCOS, because it is a</p> <p>20 DEA system. OARRS, I don't know if I would</p> <p>21 have guessed that they didn't or not.</p> <p>22 Q. I want to talk about some of the</p> <p>23 contributors or causes to the heroin epidemic</p> <p>24 in Ohio HIDTA today.</p> <p>25 Would you say doctors who</p>	<p style="text-align: right;">Page 144</p> <p>1 check OARRS and facilitated diversion by not</p> <p>2 checking for doctor shoppers, are they a cause</p> <p>3 or contributor to the opioids problems?</p> <p>4 A. Yes.</p> <p>5 Q. How about individuals who shared</p> <p>6 pills with one another?</p> <p>7 A. Yes.</p> <p>8 Q. Individuals who stole prescription</p> <p>9 drugs?</p> <p>10 A. Yes.</p> <p>11 Q. How about the board of medicine,</p> <p>12 board of pharmacy, and board of nursing, for</p> <p>13 failing to revoke doctors' licenses when</p> <p>14 individuals were engaged in diversion?</p> <p>15 A. I would say yes, if they were aware</p> <p>16 of it.</p> <p>17 Q. Are there any other individuals or</p> <p>18 entities that you think have contributed to the</p> <p>19 opioid problems in Ohio HIDTA today?</p> <p>20 A. I think you hit -- anywhere from</p> <p>21 where it starts to where it ends, I think have</p> <p>22 contributed to it, in my opinion.</p> <p>23 Q. Do you think certain states like</p> <p>24 Florida have contributed to opioid problems by</p> <p>25 having really loose prescription drug laws?</p>
<p style="text-align: right;">Page 143</p> <p>1 improperly prescribed opioids are a cause or</p> <p>2 contributor to the heroin epidemic today.</p> <p>3 A. Based on what we do at Ohio HIDTA,</p> <p>4 I do not have any information that provides me</p> <p>5 with information to determine who or what has</p> <p>6 caused the opioid problem or the heroin problem</p> <p>7 or any of the drugs that we seized, just that</p> <p>8 we were seizing them, and those are the cases</p> <p>9 where our task forces are working.</p> <p>10 Q. You testified earlier that diverted</p> <p>11 opioids are a contributor to the opioid</p> <p>12 problem, correct?</p> <p>13 A. Yes.</p> <p>14 Q. So would a doctor who is engaged in</p> <p>15 diversion be a cause or contributor to the</p> <p>16 opioid problem, to the extent that he</p> <p>17 facilitated the diversion of opioids?</p> <p>18 A. Yes.</p> <p>19 Q. Criminal drug trafficking</p> <p>20 organizations, I believe you testified earlier</p> <p>21 they are one of the primary contributors, at</p> <p>22 least as far as the Ohio HIDTA is concerned; is</p> <p>23 that correct?</p> <p>24 A. Yes.</p> <p>25 Q. Healthcare professionals who do not</p>	<p style="text-align: right;">Page 145</p> <p>1 A. Yes.</p> <p>2 Q. Are you generally familiar with</p> <p>3 problems with pill mills in Florida?</p> <p>4 A. No, I'm not.</p> <p>5 Q. When was the Ohio HIDTA founded?</p> <p>6 A. 1999, I believe, like June or July</p> <p>7 of 1999.</p> <p>8 Q. Do you know why it was formed?</p> <p>9 A. Other than, you know, the law</p> <p>10 enforcement agencies and the U.S. Attorney's</p> <p>11 Office here thought that, you know, it would be</p> <p>12 a good program to bring to the area, I'm</p> <p>13 guessing what they thought at the time and, you</p> <p>14 know, there was a drug problem that needed to</p> <p>15 be addressed, and to help -- the HIDTA funds</p> <p>16 could help do that.</p> <p>17 Q. Do you know if any particular event</p> <p>18 or drug prompted --</p> <p>19 A. I do not.</p> <p>20 Q. -- the creation of HIDTA?</p> <p>21 - - - - -</p> <p>22 (Thereupon, Deposition Exhibit 8,</p> <p>23 March 3, 1999 Letter, with</p> <p>24 Application Attached, Beginning with</p> <p>25 Bates Label OH-HIDTA 003369, was</p>

<p style="text-align: right;">Page 146</p> <p>1 marked for purposes of 2 identification.) 3 - - - - - 4 Q. I'm going to mark as Exhibit 8 5 OH-HIDTA 003369. 6 A. Thank you. 7 Q. Do you recognize this document? 8 A. Yes. It's the original application 9 to form the Ohio HIDTA back in 1999, with a 10 letter from the U.S. Attorney here to the 11 national HIDTA director. 12 Q. And I realize you might not be 13 personally familiar with this, so I'm not going 14 to spend too much time on it, but if you turn 15 to page 1 of the document. 16 A. Yes. 17 Q. There appears to be a heading that 18 says Satisfying the Four Statutory 19 Requirements; do you see that? 20 A. Yes, I do. 21 Q. And if you look at the fourth 22 sentence under that subheading A. 23 A. Okay. 24 Q. It say, "The Northern Ohio area 25 consists of five industrialized cities which</p>	<p style="text-align: right;">Page 148</p> <p>1 Q. Does the impact of economic 2 downturns sometimes create a market opportunity 3 for drug dealers? 4 A. It can, yes. 5 Q. Is it fair to say that some of that 6 economic downturn might have contributed to 7 problems with drugs, including opioids, in the 8 Ohio HIDTA region? 9 A. I don't know if I could make that 10 connection or have a basis to have an opinion 11 on that, I think, without knowing the 12 individual person and what their reasons are 13 for using drugs or not using drugs. 14 Q. I want to discuss a little bit more 15 the annual reports that Ohio HIDTA prepares. 16 A. Okay. 17 Q. Can you go through just the 18 step-by-step process of the preparation of a 19 HIDTA annual report? 20 A. Sure. The annual report that we 21 prepared, and I'll just, as kind of a point of 22 focal, is the 2017 report you gave me as 23 Exhibit 1. 24 The format, as far as the 25 categories contained in there, the sections,</p>
<p style="text-align: right;">Page 147</p> <p>1 beginning in the 1970s began to lose much of 2 their industrial base due to lower corporate 3 and property taxes, nonunionized work forces, 4 and other incentives offered by other parts of 5 the country. Accordingly, the rust belt cities 6 of Cleveland, Toledo, Akron, Canton and 7 Youngstown lost many of its larger employers, 8 to include steel manufacturers in Youngstown 9 Canton and Cleveland; tire manufacturers in 10 Akron; and automobile and automotive component 11 manufacturers in Cleveland and Toledo. Left 12 were large numbers of persons who were 13 unemployed, desperate for hope, and 14 increasingly dependent upon welfare. This vast 15 pool of economic depression presented a perfect 16 market for the distribution of drugs and the 17 violence and theft associated with drug sales 18 and use"; do you see that? 19 A. Yes, I do see that. 20 Q. Do you have any opinion, one way or 21 another, on that statement? 22 A. Other than I'm aware that Ohio, 23 over the years, has suffered economic downturn, 24 loss of jobs, and how that can impact a 25 community.</p>	<p style="text-align: right;">Page 149</p> <p>1 are mandated by ONDCP for every HIDTA, says 2 this is the general format that we want you to 3 follow. 4 What goes within those sections are 5 varied from HIDTA to HIDTA, and we compile, 6 based on our statistics, and it is knowledge 7 and interviews and what our task forces have 8 done. 9 And so at the end of every year, 10 the report is actually due in -- at ONDCP by 11 June 15 of every year, and we will prepare it 12 after the year ends and up until that point, 13 and update numbers and statistical numbers and 14 things like that, and then put them into the 15 report, and it basically lists our mission, our 16 goals, what our accomplishments were, basically 17 who we are and what we did last year. 18 Q. Who drafts the initial draft of the 19 annual reports? 20 A. Pretty much me, you know, with the 21 help of other people within HIDTA, or if there 22 is a section for something, what is this, you 23 know, is this your area, the training, give me 24 something on training, or what the ISC, the 25 Investigative Support Center, John Glasgo, give</p>



<p style="text-align: right;">Page 150</p> <p>1 me, you know, your bullets, your description, 2 what you guys do. 3 My secretary or assistant will pull 4 some of the charts into the report from the PMP 5 data that populate here. 6 So it's kind of a group effort. My 7 deputy helps do research stuff, come up with 8 ideas, what we want to talk about in the 9 report, and eventually I review it, and then it 10 goes to the board. 11 Q. What is the revision process like? 12 A. As far as -- well, we do grammar, 13 you know, spelling, does the information look 14 right, does it read well, you know, if I 15 mention in paragraph 1 that we seized X number 16 of drugs or we did this, is that the same 17 number in the chart and graph, so we don't have 18 conflicting number, is the organizational chart 19 up to date, you know, the number of 20 participating agencies. 21 Really all the numbers that are in 22 here, such as it's really a historical document 23 that says what we did. 24 Q. Is there -- is it -- strike that. 25 Does the Ohio HIDTA executive</p>	<p style="text-align: right;">Page 152</p> <p>1 know what you mean, outside of that, as far as 2 policies and procedures. 3 Q. So the federal government sets the 4 parameters on what you are required to report, 5 right? 6 A. Uh-huh. 7 Q. Do you have any internal policies 8 or procedures regarding checking the 9 information that you are getting from the Ohio 10 HIDTA participating law enforcement agencies? 11 A. Well, the performance management 12 process, or PMP data is verified as it's 13 entered by the PMP coordinator, you know, and 14 also when we interview them. 15 But to some extent, we depend 16 largely on what they say, because they are out 17 there, we're not working the case with them, so 18 we are dependent, to some extent, on what they 19 are reporting to us. 20 Q. What do you do to verify that 21 information, to the extent that you can? 22 A. Well, the PMP coordinator will 23 discuss with them, as their quarterly 24 statistical accomplishments come to her, and 25 also again during the annual interview, when we</p>
<p style="text-align: right;">Page 151</p> <p>1 board, is that who makes the final approval on 2 the submission of a report? 3 A. Yes. We have to submit a report, 4 but they approve the report as finalized before 5 it goes to ONDCP to review. 6 Q. So it is fair to say you prepare an 7 initial draft of the report, it's revised a 8 couple times, eventually it goes to the Ohio 9 HIDTA executive board, and then they approve 10 it, it goes to -- 11 A. Right, or they ask for revisions or 12 something, and then we make those revisions, 13 and then it goes to another final draft for 14 them to approve, but they approve it before it 15 goes out. 16 Q. And as you are drafting and 17 revising the report, are there any, like, 18 policies or procedures that Ohio HIDTA has 19 about the preparation of the report? 20 A. No. I'm not sure I understand what 21 you're asking me, but I'm not aware of any 22 policies. It's pretty much, you know, how 23 we -- the set criteria that we have to have by 24 section, and then as we review it and populate 25 it, does it make sense. But I don't really</p>	<p style="text-align: right;">Page 153</p> <p>1 go over numbers, you know, and I might say, 2 Well, it shows that you didn't have any of, you 3 know, X, Y or Z, and they'll go, That doesn't 4 sound right, I know we did that, you know, I 5 know we had Title III investigations, and we'll 6 go back and correct the information. 7 Q. And is the process the same for the 8 threat assessment and the strategy reports? 9 A. Yeah. The information, a lot of it 10 is the same, core tables, as we call them, the, 11 you know, seizures, drug DTOs, dismantlements. 12 There is like nine or so core tables that we 13 have to report, and also through interview and 14 the threat survey and conversations by the 15 intel manager with the task forces and other 16 police departments or law enforcement agencies, 17 and it goes to the board, eventually, for 18 approval. 19 Q. How do you formulate the strategy 20 document? 21 A. Based on the threat and based on 22 the required format and based on what we 23 submitted the previous years, you know, and 24 there is a continuous flow that they all kind 25 of look alike, but the information is updated</p>

<p style="text-align: right;">Page 154</p> <p>1 statistically, and threat-wise what we were 2 told by the task force participants and by the 3 seizures. 4 And then what are we going to do to 5 address it. Do we need to formulate something 6 different, do we need a new initiative 7 somewhere, should we look at something that 8 addresses either partial interdiction possibly 9 or highway interdiction, things like that, and 10 then, you know, is there something additional 11 we should be doing to address the threat. 12 And particularly if the threat 13 changes, if the threat is the same as it has 14 been for a year or two or three, then the 15 strategy doesn't necessarily change too much. 16 Q. Who has the final say on setting 17 the strategy? 18 A. The executive board. 19 Q. Who initially proposes the strategy 20 for a given year? 21 A. I do. I write it. 22 Q. And what is your process for 23 identifying, kind of, the strategy for a given 24 year? 25 A. What we have been doing, maybe what</p>	<p style="text-align: right;">Page 156</p> <p>1 done, other than letting the task forces and 2 initiatives do their own -- conduct their own 3 investigations and how they believe they should 4 be done, is providing funding. 5 As I had mentioned with the 6 Heroin-Involved Death Investigation Teams, and 7 the Ohio HIDTA is part of a multi-HIDTA 8 initiative that started out as the heroin 9 response strategy, and is now the opioid 10 response strategy, and we are probably changing 11 that to the overdose death strategy, and that's 12 where we -- back to where I mentioned the 13 physician and public health analyst. 14 And we also have a drug 15 intelligence officer, that is funded out of 16 those supplemental funds, to bridge the gap 17 between public health and public safety, you 18 know, what are we missing in those areas and 19 how can we help each other, and that's really, 20 the goal of that is to bring those two assets 21 together and reduce overdose. 22 Q. What is the heroin response 23 strategy? 24 A. That, bringing public health and 25 public safety together and the sharing of</p>
<p style="text-align: right;">Page 155</p> <p>1 we haven't been doing, you know, what are we 2 seeing as the problems, they the same, you 3 know, so do we attack them the same or do we 4 need to change something different. 5 You know, are there areas that we 6 could offer or do things as HIDTA to provide 7 additional funding or, you know, pay for 8 radios, if it becomes an officer safety thing. 9 Just different things that we do as a funding 10 mechanism, to say what do we need to do to try 11 to address this problem. 12 And again, it's kind of a, you 13 know, here is our strategy, but we are not 14 controlling the day-to-day operations of the 15 task forces. They are in charge of what they 16 do each day and how they do it. 17 Q. So is it fair to say then that the 18 strategy memo is Ohio HIDTA's, kind of, 19 guidance to those agencies on strategies that 20 they could take, but you don't direct those? 21 A. Right. 22 Q. Have you ever -- strike that. 23 In the past few years, have you 24 identified any opioid-specific strategies? 25 A. No. The only thing that we have</p>	<p style="text-align: right;">Page 157</p> <p>1 information. 2 Q. And how does the heroin response 3 strategy do that? 4 A. Through those two positions 5 primarily, you know, so that they can then go 6 to the department of health or a law 7 enforcement agency. We do it by felony arrest 8 notifications, which are interstate arrests or 9 in-state arrests by drug traffickers and the 10 drug intelligence officer, make sure that 11 information gets to, you know, Plano, Texas or 12 Burbank, California, or verse versa, coming 13 back here. 14 And not every HIDTA is a member of 15 it. I think we are up to 12 HIDTAs now that 16 are a member there of the response strategy -- 17 well, the overdose response strategy now. 18 Q. Do you know when the name got 19 changed to overdose response strategy? 20 A. Last week. 21 Q. Do you know why that name was 22 changed? 23 A. Yes. The HIDTAs who are not 24 participants in the original heroin response 25 strategy felt that their issues might be</p>

<p style="text-align: right;">Page 158</p> <p>1 cocaine or meth out west or on the Southwest 2 border or something, and so it's a little bit 3 more all-encompassing and friendly to all the 4 HIDTA directors. 5 Q. And cocaine and meth have been 6 seeing a resurgence and causing an increasing 7 number of overdoses as well, correct? 8 A. I don't know if they are without 9 the presence of fentanyl or carfentanil in 10 them, or what the percentage would be. 11 Q. Have you ever identified, as a 12 strategy, investigating pharmaceutical 13 manufacturers, distributors, or pharmacies? 14 A. No. 15 Q. And is the reason for that again 16 that your focus has been on the drug 17 trafficking organizations that are responsible 18 for the majority of drugs causing problems in 19 Ohio HIDTA? 20 A. Correct. 21 Q. Earlier this morning you testified 22 that after pill mills in Southeast Ohio were 23 shut down, you knew that there would be a 24 heroin problem; is that correct? 25 A. Correct.</p>	<p style="text-align: right;">Page 160</p> <p>1 that's accurate, but personal opinion, most 2 likely. 3 Q. Is it fair to say then that, in 4 your view, some of the individuals who are 5 abusing heroin, fentanyl and carfentanil, it's 6 possible that they started with those drugs, as 7 opposed to starting with a prescription opioid? 8 A. Yes, it's possible. 9 Q. Would you say it's likely? 10 A. I don't feel, in the position, I 11 have enough knowledge of addicts and what they 12 do, and not being part of their chain of arrest 13 or treatment to know that. 14 Q. You also testified this morning 15 about pill mills in Southeastern Ohio. If pill 16 mills were a problem in Cuyahoga, would they 17 have been reported to you? 18 A. Not necessarily as a pill mill. It 19 would have been shown up in potential seizures, 20 or we might have heard it in conversation that 21 they were out there, and we were aware of 22 Southeast Ohio, because it was such a problem, 23 and there was some political, you know, oomph 24 to find -- I'm sorry that's not a good word -- 25 political inquiries to know what was being done</p>
<p style="text-align: right;">Page 159</p> <p>1 Q. Why did you know that there would 2 be a heroin problem? 3 A. Through conversations with law 4 enforcement, healthcare people, treatment and 5 prevention people, that once you take the 6 addict's pills way, they are going to have to 7 do something, the habit is not going to go 8 away, and we knew it would be heroin. 9 Q. Why did you know it would be 10 heroin, as opposed to a different drug, like 11 cocaine or meth? 12 A. Because they are opioids. 13 Q. Do you know how many of those 14 addicts started with a prescription opioid that 15 was lawfully prescribed to them? 16 A. I have no idea. 17 Q. Do you know how many of those 18 addicts were addicted to a nonopioid -- 19 A. I have no idea. 20 Q. -- before they took prescription 21 opioids? 22 Are there heroin users who have 23 always used heroin and have never used 24 prescription opioids, based on your knowledge? 25 A. I don't have anything to say that</p>	<p style="text-align: right;">Page 161</p> <p>1 about the pill problem in Southeastern Ohio. 2 Being a federal program, they look to us for 3 some help. 4 Q. Is the same true for Summit County? 5 A. Yeah. Probably, the same as 6 Cuyahoga, as far as I know. 7 Q. When the data, the seizure data is 8 reported, is there a box that somebody can 9 check that indicates that the drug came from a 10 pill mill or was diverted? 11 A. No. 12 Q. So your seizure data of 13 prescription opioids wouldn't necessarily 14 report how many were diverted or what type of 15 diversion they came from -- 16 A. No. 17 Q. -- is that correct? 18 The HIDTA teams we discussed this 19 morning, did you have to provide justification 20 to obtain that extra funding? 21 A. We did. There was a write-up 22 prepared, and I believe we provided that in the 23 documents, the requests for that funding. 24 Q. Can you recall what justification 25 you provided?</p>

<p style="text-align: right;">Page 162</p> <p>1 A. That was based on the seizure data</p> <p>2 that we had from HIDTA and also primarily</p> <p>3 overdose data of those drugs.</p> <p>4 Q. And the overdose data is the data</p> <p>5 that you were getting from the Cuyahoga County</p> <p>6 Coroner's Office?</p> <p>7 A. Yes.</p> <p>8 Q. Any other overdose data?</p> <p>9 A. I do not recall. We might have</p> <p>10 mentioned some things about Ohio, in general,</p> <p>11 that would have been probably through the Ohio</p> <p>12 Department of Health.</p> <p>13 MR. RAIOLA: Can we take a quick</p> <p>14 break?</p> <p>15 THE WITNESS: Sure.</p> <p>16 THE VIDEOGRAPHER: It is 1:04. Off</p> <p>17 the record.</p> <p>18 (Recess taken.)</p> <p>19 THE VIDEOGRAPHER: The time is</p> <p>20 1:18. We are back on the record.</p> <p>21 Q. Mr. Siegel, I've got a few</p> <p>22 questions about the Ohio HIDTA's budget, then</p> <p>23 I'm going to pass the microphone.</p> <p>24 Who is in charge of deciding how to</p> <p>25 allocate the funding you receive from the</p>	<p style="text-align: right;">Page 164</p> <p>1 your cash and property, your asset seizures,</p> <p>2 are you using deconfliction system to share</p> <p>3 information and assure that you are not</p> <p>4 affecting somebody else's investigation, and</p> <p>5 promoting officers safety, are you -- and those</p> <p>6 are the primary ones that we look at.</p> <p>7 As the HIDTA, we get looked at</p> <p>8 differently, because we have the training</p> <p>9 program and case assistance and things like</p> <p>10 that, but those are the main ones.</p> <p>11 Q. Are there any of those factors that</p> <p>12 are more important than the others?</p> <p>13 A. I would say nobody -- there is no</p> <p>14 weighted scale, and nobody really says how</p> <p>15 about this or that, but I think the</p> <p>16 investigation, to me as the director, is the</p> <p>17 investigation of drug trafficking organizations</p> <p>18 and maybe what -- are you seizing the drugs</p> <p>19 that we say are the problem.</p> <p>20 Q. And when you say, seizing drugs</p> <p>21 that you say are the problem, are you referring</p> <p>22 to the drugs that are identified as the</p> <p>23 greatest --</p> <p>24 A. The threat --</p> <p>25 Q. -- threat in the threat assessment?</p>
<p style="text-align: right;">Page 163</p> <p>1 federal government each year?</p> <p>2 A. The executive board.</p> <p>3 Q. Are there any criteria that the</p> <p>4 executive board used to decide how to allocate</p> <p>5 funding amongst the different initiatives in a</p> <p>6 given year?</p> <p>7 A. They'll look at performance,</p> <p>8 they'll look at, you know, is there any changes</p> <p>9 in the task force, as far as size,</p> <p>10 responsibility, that would say we need</p> <p>11 additional money or not.</p> <p>12 And conversely, they may take money</p> <p>13 away if you are funded because you had 10 task</p> <p>14 force officers and now you have five, you</p> <p>15 obviously don't need as much overtime money,</p> <p>16 and pretty much, though, year to year it stays</p> <p>17 the same, unless there is reason to articulate</p> <p>18 why to change somebody's budget, and we don't</p> <p>19 change the budgets very often.</p> <p>20 Q. How do you measure performance?</p> <p>21 A. Through the PMP data, you know, as</p> <p>22 far as the core tables, how many drug</p> <p>23 trafficking organizations have you identified</p> <p>24 and are you investigating, how many have you</p> <p>25 disrupted or dismantled. Your drug seizures,</p>	<p style="text-align: right;">Page 165</p> <p>1 A. Yes, sir.</p> <p>2 Q. When considering those factors, is</p> <p>3 it a quantitative assessment, as to how many</p> <p>4 drug trafficking organizations are being</p> <p>5 investigated, or is there a degree of</p> <p>6 qualitative analysis, as to how sophisticated,</p> <p>7 you know --</p> <p>8 A. Not within ours. You know, I will</p> <p>9 also look at things like search warrants, Title</p> <p>10 III investigations, you know, did you conduct</p> <p>11 those, which doesn't always mean you have the</p> <p>12 right group.</p> <p>13 There is a certain inherent thing</p> <p>14 that if you are Title IIIs, you're probably</p> <p>15 working an organization, versus somebody who is</p> <p>16 a corner dealer or a local dealer. So I look</p> <p>17 at those just as conversation.</p> <p>18 Everything -- not one thing is more</p> <p>19 important, but they are all, kind of,</p> <p>20 conversation pieces or an indication of what</p> <p>21 are you doing and how are you doing it.</p> <p>22 Can you repeat your original</p> <p>23 question? I might have missed the point I</p> <p>24 wanted to make and answer it.</p> <p>25 Q. Yeah. My question was, in</p>



<p style="text-align: right;">Page 166</p> <p>1 evaluating the factors, including seizures and</p> <p>2 drug trafficking organizations identified, is</p> <p>3 your assessment quantitative or does it include</p> <p>4 qualitative aspects as well?</p> <p>5 A. More quantitative. You know, I</p> <p>6 don't look at the individual cases that they</p> <p>7 are working, as far as who they are and what</p> <p>8 they are. That, again, is left up to them.</p> <p>9 Q. Is the same true for drug seizures,</p> <p>10 you look at the volume or number of drugs they</p> <p>11 are seizing, as opposed to looking at where it</p> <p>12 is coming from or --</p> <p>13 A. Correct.</p> <p>14 Q. -- or the potency of it?</p> <p>15 A. What drugs are they seizing and how</p> <p>16 much of it is primarily what we look at.</p> <p>17 Q. Are there any policies that relate</p> <p>18 to these factors, or is it just, kind of, an</p> <p>19 informal system?</p> <p>20 A. We have written policies that</p> <p>21 describe how we review a task force each year,</p> <p>22 what we look at, and also about the PMP data.</p> <p>23 And so there are policies about</p> <p>24 what they need to report and what I look at</p> <p>25 when we come out and review them, so they have</p>	<p style="text-align: right;">Page 168</p> <p>1 Q. Do you know which Cleveland and</p> <p>2 Cuyahoga officers work in that DEA task force?</p> <p>3 A. I do not. I would have that</p> <p>4 information at HIDTA, but I don't have it here.</p> <p>5 Q. And what is the hotel interdiction</p> <p>6 team?</p> <p>7 A. They primarily work with hotels in</p> <p>8 the area to identify drug traffickers bringing</p> <p>9 drugs in or trafficking organizations taking</p> <p>10 money back out of the community to the border.</p> <p>11 Q. Outside of the funding that you</p> <p>12 provide to these initiatives, is there any</p> <p>13 funding that Ohio HIDTA provides to Cleveland,</p> <p>14 Akron, Cuyahoga County, and Summit County?</p> <p>15 A. No. Only to the initiatives.</p> <p>16 Everything has to be tied to an initiative.</p> <p>17 MR. RAIOLA: I think that's it.</p> <p>18 I'm going to pass the witness. Thank you,</p> <p>19 Mr. Siegel.</p> <p>20 THE WITNESS: Thank you.</p> <p>21 THE VIDEOGRAPHER: It is 1:25.</p> <p>22 Going off the record.</p> <p>23 (Pause.)</p> <p>24 THE VIDEOGRAPHER: It is 1:25. We</p> <p>25 are back on the record.</p>
<p style="text-align: right;">Page 167</p> <p>1 an idea of what we are looking at.</p> <p>2 Q. Do you know how much funding Ohio</p> <p>3 HIDTA gave to Summit County and Cuyahoga County</p> <p>4 last year?</p> <p>5 A. Summit, Akron/Summit, their</p> <p>6 combined task force for us for funding was</p> <p>7 \$179,000, and probably some dollars in there.</p> <p>8 The Northern Ohio Law Enforcement Drug Task</p> <p>9 Force was 130,000, I believe. The DEA,</p> <p>10 Cleveland, who we provide funding to, was,</p> <p>11 like, 76,000 last year, and the hotel</p> <p>12 interdiction team was 68,000. They operate in</p> <p>13 Cuyahoga County.</p> <p>14 Q. Is the DEA Cleveland DEA</p> <p>15 exclusively?</p> <p>16 A. No. They have task force officers.</p> <p>17 Q. They have task force officers from</p> <p>18 Summit and Cuyahoga County?</p> <p>19 A. They have officers on the DEA</p> <p>20 Cleveland Task Force from the</p> <p>21 Cleveland/Cuyahoga County area, but I believe</p> <p>22 he assigns some of his DEA agents to the task</p> <p>23 force in Akron, because it's part of his area</p> <p>24 of responsibility. The two offices fall under</p> <p>25 the Cleveland office.</p>	<p style="text-align: right;">Page 169</p> <p>1 EXAMINATION OF DEREK SIEGLE</p> <p>2 BY MR. STEPHENS:</p> <p>3 Q. Mr. Siegel, good afternoon.</p> <p>4 A. Good afternoon.</p> <p>5 Q. My name is Neal Stephens, I'm from</p> <p>6 Jones Day, and I represent Walmart. I have a</p> <p>7 couple topics that I want to cover with you</p> <p>8 today. I want to talk a little bit about your</p> <p>9 HIDTA, how the executive committee works, and</p> <p>10 then also talk about some of the initiatives</p> <p>11 that you are familiar with during your tenure</p> <p>12 there, and then also talk through a few topics</p> <p>13 that relate to retail pharmacies.</p> <p>14 And when I talk about retail</p> <p>15 pharmacies today, I'm going to be talking about</p> <p>16 Walmart, Walgreens, CVS, and Rite Aid, okay?</p> <p>17 A. Okay.</p> <p>18 Q. All right. So you testified</p> <p>19 earlier that in your experience, from 2009 to</p> <p>20 present, all of the major narcotics enforcement</p> <p>21 agencies in your HIDTA jurisdiction participate</p> <p>22 in your HIDTA?</p> <p>23 A. Yes.</p> <p>24 Q. Okay. And each would have a member</p> <p>25 assigned to the executive committee?</p>



<p style="text-align: right;">Page 170</p> <p>1 A. Not all members or participants 2 have a member on the executive committee, just 3 because of the limited numbers. But if you 4 want to say the main federal law enforcement 5 agencies, the main cities in Ohio, they are 6 represented, but not every participant on a 7 HIDTA task force is represented. 8 Q. And a description you gave earlier 9 today to Mr. Raiola about who those ex com 10 members are, they tend to be the number one law 11 enforcement agent for their representative 12 jurisdiction, the U.S. Attorney for the U.S. 13 Attorney's office, the special agent in charge 14 for FBI and DEA, the sheriff for Cuyahoga 15 County or the sheriff for Akron or the City of 16 Cleveland, correct? 17 A. That's correct. 18 Q. And then that group meets 19 quarterly? 20 A. Yes, sir. 21 Q. And your expectation is that the 22 members of the executive committee are speaking 23 with people down their chain of command who are 24 on the street, working narcotics 25 investigations, to get the information needed</p>	<p style="text-align: right;">Page 172</p> <p>1 the annual report; is that fair? 2 A. Yes, they could. 3 Q. And it's fair to say that given the 4 expertise of the people of the ex com that you 5 have sitting around the table there with you, 6 if there is a new threat that emerges in the 7 jurisdiction of your HIDTA, it will be 8 discussed at your quarterly meeting, correct? 9 A. Yes, it would be discussed. 10 Q. And then the executive committee 11 will discuss how to obtain funding for your 12 participating local, state, and federal agents 13 to battle these serious narcotics-related 14 threats that exist in your jurisdiction? 15 A. Yeah. The baseline budget is the 16 same every year, in the way it is divided among 17 the task forces. So that is kind of a 18 standard, every year the same, but they, again, 19 have the opportunity or the ability as the 20 executive to reprogram those funds from one to 21 another, but they would also be aware of any 22 requests that we would make for additional 23 funding through the supplemental funding, as we 24 discussed earlier, with the heroin-involved 25 teams and things like that.</p>
<p style="text-align: right;">Page 171</p> <p>1 to bring forward to the executive committee so 2 the high-level agents and officers and 3 attorneys can talk through what the threats are 4 here in Ohio; is that fair? 5 A. Yes, that's fair. 6 Q. Okay. Your HIDTA also puts out 7 these three documents: the threat assessment, 8 the annual report, and the annual strategy, 9 correct? 10 A. That's correct. 11 Q. The information that forms those 12 reports comes through the agencies that 13 participate in your HIDTA, correct? 14 A. That's correct. 15 Q. And it is reported into the folks 16 who work with you at HIDTA through the 17 executive committee members, in part, correct? 18 A. Correct. They would see the final 19 numbers tabulated in the reports. 20 Q. Right. So for example, if the DEA 21 back here in Cleveland sees issues in his or 22 her jurisdiction, they are going to bring those 23 forward and discuss them at the executive 24 committee meeting, and those could find their 25 way to the threat assessment, the strategy and</p>	<p style="text-align: right;">Page 173</p> <p>1 Q. And then, for example, if there is 2 a new emerging threat and one of the law 3 enforcement agencies wants to put forward a 4 task force, they are going to present that to 5 the 20 members of the executive committee, who 6 are going to vet it, discuss it, and then make 7 a determination as to whether that task force 8 is going to get a slice of the HIDTA pie for 9 funding; is that fair? 10 A. Yes. 11 Q. And would you agree that at these 12 executive committee meetings that you have 13 attended during your tenure as the director, 14 that law enforcement officers have discussed 15 how to prevent overdose deaths in your HIDTA? 16 A. I don't know if we have discussed 17 actually how to prevent them, because that 18 involves a lot of areas outside of law 19 enforcement, but we have talked about what we 20 do as enforcement agencies, the use of Narcan, 21 things like that. 22 Q. Okay. And Narcan is something that 23 can be given to someone who might be suffering 24 an overdose, to help them avoid the overdose; 25 is that accurate?</p>

<p style="text-align: right;">Page 174</p> <p>1 A. Yes, that's correct.</p> <p>2 Q. Okay. Would it be fair to say then</p> <p>3 that your HIDTA is concerned about preventing</p> <p>4 overdose deaths in your jurisdiction?</p> <p>5 A. Yes, we are.</p> <p>6 Q. Through the tools that law</p> <p>7 enforcement has to do so, correct?</p> <p>8 A. Yes.</p> <p>9 Q. All right. And based on your</p> <p>10 interactions with your participating agencies,</p> <p>11 would you agree that they are all concerned</p> <p>12 about preventing overdose deaths in their</p> <p>13 respective jurisdictions?</p> <p>14 A. I have no reason to believe they</p> <p>15 are not, so, yes.</p> <p>16 Q. Right. So, for example, you can't</p> <p>17 identify a single law enforcement agency that</p> <p>18 participates in your HIDTA that has ever spoken</p> <p>19 out and said, "We are not concerned about</p> <p>20 preventing overdose deaths," right?</p> <p>21 A. No, I'm not aware of that.</p> <p>22 Q. And as part of these executive</p> <p>23 committee meetings, is it fair to say that the</p> <p>24 participating law enforcement officers are</p> <p>25 trying to develop strategies on how to enforce</p>	<p style="text-align: right;">Page 176</p> <p>1 Q. And the possibility of receiving</p> <p>2 maybe supplemental federal funding from the</p> <p>3 Office of National Drug Control Strategy leads</p> <p>4 your HIDTA to raise any issue that your HIDTA</p> <p>5 thinks is significant, because it may increase</p> <p>6 the funding you receive?</p> <p>7 A. Yes. Based on the categories that</p> <p>8 they are accepting that year. Some years they</p> <p>9 have changed and, you know, the last few they</p> <p>10 have been the same.</p> <p>11 Q. And the funding that your HIDTA</p> <p>12 receives gives your local HIDTA more resources</p> <p>13 to fight drug-related problems here in Ohio?</p> <p>14 A. Yes.</p> <p>15 Q. So you would agree that your HIDTA</p> <p>16 is incentivized to speak up to the national</p> <p>17 office when it sees specific issues in Ohio</p> <p>18 that might qualify for supplemental funding?</p> <p>19 A. Correct.</p> <p>20 Q. Okay. I would like to transition</p> <p>21 quickly and ask you some questions about the</p> <p>22 types of criminal narcotics organizations you</p> <p>23 have seen here during your tenure as executive</p> <p>24 director of the Ohio HIDTA, okay?</p> <p>25 A. Yes, sir. Okay.</p>
<p style="text-align: right;">Page 175</p> <p>1 narcotics laws to help prevent drug overdoses</p> <p>2 in your jurisdiction?</p> <p>3 A. Yes. That would be part of the</p> <p>4 enforcement, in the end, and a result that they</p> <p>5 would hope for.</p> <p>6 Q. And as part of that, there would be</p> <p>7 initiatives created to try and prosecute the</p> <p>8 drug trafficking organizations that are</p> <p>9 bringing the drugs into the jurisdiction that</p> <p>10 are causing the overdoses?</p> <p>11 A. Yes.</p> <p>12 Q. Now, you had mentioned earlier that</p> <p>13 your HIDTA updates national drug enforcement</p> <p>14 leaders on your HIDTA's -- the Ohio HIDTA's</p> <p>15 plan of action on an annual basis, right, up to</p> <p>16 the National Center of Drug Control, right?</p> <p>17 A. Yes, sir.</p> <p>18 Q. And you will draft summaries, like</p> <p>19 the annual report, to report out, correct?</p> <p>20 A. Correct.</p> <p>21 Q. And you seek money for your local</p> <p>22 HIDTA to combat what your HIDTA determines to</p> <p>23 be the cause of the narcotic-related problems</p> <p>24 in your district?</p> <p>25 A. That's correct.</p>	<p style="text-align: right;">Page 177</p> <p>1 Q. And I'll try not to overlap with</p> <p>2 some of the questions that Mr. Raiola asked,</p> <p>3 but I want to ask about certain street level</p> <p>4 narcotics, okay?</p> <p>5 A. Okay.</p> <p>6 Q. Would you agree that during your</p> <p>7 tenure at your HIDTA, the participating law</p> <p>8 enforcement agents initiated investigations in</p> <p>9 the street level drug dealers who sold Mexican</p> <p>10 black tar and brown powder heroin here in Ohio?</p> <p>11 A. Yes.</p> <p>12 Q. Would you agree that there has been</p> <p>13 at least a dozen of those types of</p> <p>14 investigations initiated by the participating</p> <p>15 members of your HIDTA?</p> <p>16 A. Yes.</p> <p>17 Q. Would you agree that there has been</p> <p>18 more than a hundred of those types of</p> <p>19 investigations?</p> <p>20 A. Yes.</p> <p>21 Q. Could there be more than a</p> <p>22 thousand?</p> <p>23 A. It's possible.</p> <p>24 Q. Could there be more than 10,000?</p> <p>25 A. Doubtful.</p>

<p style="text-align: right;">Page 178</p> <p>1 Q. Okay. And the street level dealers 2 of Mexican heroin, you would agree, pose a 3 threat here in the State of Ohio? 4 A. Yes. 5 Q. And you are aware that during the 6 time that you have been executive director, 7 people in Ohio have died from overdoses of 8 Mexican heroin? 9 A. Yes. 10 Q. Now, as far as Columbian cocaine, 11 you would agree that during your tenure here at 12 HIDTA, that participating law enforcement 13 agents have initiated investigations into 14 street level dealers of Columbian cocaine? 15 A. Yes. I want to -- I don't want to 16 misunderstand the question. You say street 17 level. We hear that the drug trafficking 18 organization. Now that may encompass the 19 individual working for them that is selling 20 them on the street. 21 Q. Okay. So let me reask the question 22 so you are clear, but I understand exactly what 23 you are saying, Mr. Siegel. 24 All right. So during your tenure 25 here at HIDTA, the participating law</p>	<p style="text-align: right;">Page 180</p> <p>1 A. Yes. 2 Q. That also was a problem here in 3 Ohio, correct? 4 A. That's correct. 5 Q. And your HIDTA has initiated -- or 6 those participating members of your HIDTA have 7 initiated investigations into drug trafficking 8 organizations here in Ohio that traffic in 9 crack cocaine? 10 A. Yes. 11 Q. More than a dozen? 12 A. Probably. 13 Q. Up to a hundred? 14 A. I might stop at that point, just 15 because we are seeing less and less of it as 16 the other drugs, but it is possible it could be 17 a hundred. 18 Q. So let's turn to methamphetamine. 19 The law enforcement agencies that participate 20 in your HIDTA during your tenure have initiated 21 investigations of drug trafficking 22 organizations who traffic methamphetamine here 23 in Ohio, correct? 24 A. Yes. 25 Q. Dozens of those investigations?</p>
<p style="text-align: right;">Page 179</p> <p>1 enforcement agents have initiated 2 investigations into drug trafficking 3 organization who deal cocaine on the street in 4 Ohio, true? 5 A. Yes. 6 Q. And have there been dozens of such 7 investigations during your tenure? 8 A. Yes. 9 Q. More than a hundred? 10 A. Yes. 11 Q. Probably more than a thousand? 12 A. Probably so. 13 Q. More than 10,000? 14 A. I don't think. 15 Q. The drug trafficking organizations 16 that deal Columbian cocaine on the streets of 17 Ohio pose a threat here in Ohio, correct? 18 A. They do. 19 Q. And you are aware that people here 20 in the State of Ohio have died from 21 drug-related overdoses of Columbian cocaine 22 during your tenure at HIDTA, correct? 23 A. Yes. 24 Q. Crack cocaine is a derivative of 25 powder cocaine, right?</p>	<p style="text-align: right;">Page 181</p> <p>1 A. Yes. 2 Q. More than a hundred of those 3 investigations? 4 A. Yes. 5 Q. More than 500 of those 6 investigations? 7 A. Most likely. 8 Q. Up to a thousand? 9 A. I would think that could 10 potentially be a possibility. 11 Q. Okay. For illicit fentanyl, the 12 fentanyl that you described earlier today as 13 being imported from China or up through Mexico 14 via Mexican drug trafficking organizations, is 15 it fair to say that the participating agencies 16 in your HIDTA have initiated investigations to 17 try and prosecute the drug trafficking 18 organizations who are trafficking in illicit 19 fentanyl here in Ohio? 20 A. Yes. 21 Q. Have there been dozens of those 22 investigations? 23 A. Yes. 24 Q. Up to 100? 25 A. I'd have to check, but it's a</p>

<p style="text-align: right;">Page 182</p> <p>1 possibility.</p> <p>2 Q. Okay. And the street level dealers</p> <p>3 of illicit fentanyl pose a threat here in your</p> <p>4 HIDTA?</p> <p>5 A. Yes.</p> <p>6 Q. And individuals here in Ohio have</p> <p>7 died from overdose deaths tied to illicit</p> <p>8 fentanyl, true?</p> <p>9 A. Correct.</p> <p>10 Q. Briefly we will talk about</p> <p>11 carfentanil. The same series of questions.</p> <p>12 The investigating agencies who</p> <p>13 participate in your HIDTA have initiated</p> <p>14 investigations of drug trafficking</p> <p>15 organizations who have supplied illicit</p> <p>16 carfentanil here in Ohio, true?</p> <p>17 A. That's correct.</p> <p>18 Q. Have there been a dozen of those</p> <p>19 investigations during your tenure?</p> <p>20 A. I don't know, because we have seen</p> <p>21 less carfentanil than some of the other drugs,</p> <p>22 but that's highly possible.</p> <p>23 Q. Would you agree that your HIDTA has</p> <p>24 sought federal funding to investigate drug</p> <p>25 dealers or drug trafficking organizations</p>	<p style="text-align: right;">Page 184</p> <p>1 dollars?</p> <p>2 A. Give me a moment to do some math.</p> <p>3 Q. Okay.</p> <p>4 A. Yes.</p> <p>5 Q. What is your estimate as to what</p> <p>6 the range is of the amount of money --</p> <p>7 A. Since I've been here, maybe 35</p> <p>8 million to 40 million.</p> <p>9 Q. Okay. And part of those funds</p> <p>10 would be provided to task forces like No Left,</p> <p>11 the agency that you described -- the task force</p> <p>12 you described earlier today, correct?</p> <p>13 A. Correct.</p> <p>14 Q. All right. Let me talk a little</p> <p>15 bit about retail pharmacies, okay?</p> <p>16 A. Okay.</p> <p>17 Q. Would you agree that no law</p> <p>18 enforcement agency in your HIDTA has ever</p> <p>19 identified Walmart to you as the cause of any</p> <p>20 overdose death in your jurisdiction?</p> <p>21 A. I have not ever been advised of</p> <p>22 that.</p> <p>23 Q. Would you agree that no narcotics</p> <p>24 law enforcement agency in your HIDTA has ever</p> <p>25 identified to you Walgreens, CVS or Rite Aid as</p>
<p style="text-align: right;">Page 183</p> <p>1 supplying black tar, brown powder heroin,</p> <p>2 cocaine, methamphetamine, carfentanil, illicit</p> <p>3 fentanyl, ecstasy, LSD, PCP?</p> <p>4 A. Yes.</p> <p>5 Q. And is it fair to say -- you gave</p> <p>6 some numbers to Mr. Raiola right towards the</p> <p>7 end of your testimony. If we can, I would like</p> <p>8 to talk about, kind of, your entire tenure.</p> <p>9 A. Okay.</p> <p>10 Q. Is it fair to say that your HIDTA</p> <p>11 has received hundreds of thousands of dollars</p> <p>12 to investigate the drug trafficking</p> <p>13 organizations that traffic in those drugs I</p> <p>14 just mentioned?</p> <p>15 A. Yes.</p> <p>16 Q. Would it be fair to say that your</p> <p>17 HIDTA, during your tenure, has received over a</p> <p>18 million dollars to investigate and prosecute</p> <p>19 drug trafficking organizations that traffic in</p> <p>20 those illicit products?</p> <p>21 A. Yes.</p> <p>22 Q. Would it be fair to say that it's</p> <p>23 over 10 million dollars?</p> <p>24 A. Yes.</p> <p>25 Q. Would it be over 20 million</p>	<p style="text-align: right;">Page 185</p> <p>1 the cause of any overdose death in your</p> <p>2 jurisdiction?</p> <p>3 A. Yes.</p> <p>4 Q. Would you agree that during the</p> <p>5 HIDTA meetings that you have personally</p> <p>6 attended at your HIDTA over your nine or ten</p> <p>7 years, that no member law enforcement agency</p> <p>8 has ever said that it was creating a task force</p> <p>9 or wanted to create a task force to investigate</p> <p>10 Walmart for causing any overdose-related death</p> <p>11 in your jurisdiction?</p> <p>12 A. Yes.</p> <p>13 Q. And would you agree that during</p> <p>14 those HIDTA meetings that you have personally</p> <p>15 attended, no member of a law enforcement agency</p> <p>16 has ever said that it wanted to create a task</p> <p>17 force to investigate CVS, Rite Aid or</p> <p>18 Walgreens, correct?</p> <p>19 A. Correct.</p> <p>20 Q. Would you agree that during your</p> <p>21 tenure with the Ohio HIDTA, your HIDTA never</p> <p>22 sought any funding to prosecute any actions</p> <p>23 taken by Walmart?</p> <p>24 A. That's correct.</p> <p>25 Q. And would you agree that during</p>

<p style="text-align: right;">Page 186</p> <p>1 your tenure with the Ohio HIDTA, your HIDTA</p> <p>2 never sought any funding to prosecute any</p> <p>3 actions taken by Walgreens, CVS or Rite Aid?</p> <p>4 A. Yes, I would agree.</p> <p>5 Q. All right. So let's talk about</p> <p>6 prescription opioids.</p> <p>7 In some of the earlier questioning</p> <p>8 with Mr. Raiola, there was some questions about</p> <p>9 prescription medication being crushed into</p> <p>10 powder and either snorted or injected via --</p> <p>11 A. Yes.</p> <p>12 Q. -- via like an IV needle, correct?</p> <p>13 A. Correct.</p> <p>14 Q. All right. And based on your</p> <p>15 experience and your understanding and your</p> <p>16 discussions with the folks in your member</p> <p>17 HIDTA, individuals may choose to do that</p> <p>18 because it might increase the high from the</p> <p>19 narcotic?</p> <p>20 A. That's my understanding.</p> <p>21 Q. And based on your knowledge, it</p> <p>22 also might increase the risk of a potential</p> <p>23 overdose?</p> <p>24 A. I believe so.</p> <p>25 Q. Based on all the narcotics</p>	<p style="text-align: right;">Page 188</p> <p>1 A. Yes. Correct.</p> <p>2 Q. Taking more pills than prescribed</p> <p>3 increases the risk of a potential overdose?</p> <p>4 A. That's not my area of expertise,</p> <p>5 you know, but, yes.</p> <p>6 Q. So let me ask it this way: Based</p> <p>7 on all the discussions that you have had with</p> <p>8 the participating law enforcement narcotics</p> <p>9 officers during your tenure as the director of</p> <p>10 HIDTA, have you ever heard that any Walmart</p> <p>11 pharmacist ever instructed anyone that they</p> <p>12 should take their opioid medications in a</p> <p>13 dosage that exceeded the prescribing doctor's</p> <p>14 instruction?</p> <p>15 A. No.</p> <p>16 Q. Same question as to Walgreens, CVS</p> <p>17 and Rite Aid --</p> <p>18 A. No.</p> <p>19 Q. -- during your tenure at the Ohio</p> <p>20 HIDTA, has anyone ever mentioned to you that</p> <p>21 pharmacists from either Walgreens, CVS or Rite</p> <p>22 Aid ever instructed anyone they should take</p> <p>23 their opioid medications in a dosage that</p> <p>24 exceeded the prescribing doctor's instructions?</p> <p>25 A. No.</p>
<p style="text-align: right;">Page 187</p> <p>1 investigations that you have discussed in your</p> <p>2 HIDTA, have you ever heard that any Walmart</p> <p>3 pharmacist instructed anyone that they should</p> <p>4 crush their opioid pills and snort them?</p> <p>5 A. No, I have not.</p> <p>6 Q. Have you ever heard that any</p> <p>7 Walmart pharmacist instructed anyone that they</p> <p>8 should crush their opioid pills and inject</p> <p>9 them?</p> <p>10 A. No.</p> <p>11 Q. Have you ever heard that any</p> <p>12 pharmacies at Walgreens, CVS or Rite Aid ever</p> <p>13 instructed anyone that they should crush their</p> <p>14 opioid pills to either snort them or inject</p> <p>15 them?</p> <p>16 A. No.</p> <p>17 Q. Would you agree that some people</p> <p>18 may decide to take prescription opioids in</p> <p>19 greater amounts than prescribed by their</p> <p>20 doctors?</p> <p>21 A. I guess.</p> <p>22 Q. For example, a doctor might</p> <p>23 prescribe taking one pill every eight hours,</p> <p>24 and then an individual elects to take three</p> <p>25 pills every four hours, right?</p>	<p style="text-align: right;">Page 189</p> <p>1 Q. Can you identify -- based on your</p> <p>2 tenure as executive director of the Ohio HIDTA,</p> <p>3 and based on all of the interactions you have</p> <p>4 had with all of the members on your executive</p> <p>5 committee and throughout your HIDTA, can you</p> <p>6 identify a single overdose death in your Ohio</p> <p>7 jurisdiction where the sole cause of death was</p> <p>8 determined to be a prescription opioid filled</p> <p>9 at a Walmart Pharmacy, where the victim took</p> <p>10 medication in the dosage prescribed by his or</p> <p>11 her doctor?</p> <p>12 A. No.</p> <p>13 Q. Can you describe a single overdose</p> <p>14 death in your jurisdiction, where the sole</p> <p>15 cause of death was determined to be a</p> <p>16 prescription opioid filled at either Walgreens,</p> <p>17 CVS or Rite Aid, where the victim took the</p> <p>18 medication in a dosage as prescribed by his or</p> <p>19 her doctor?</p> <p>20 A. I cannot.</p> <p>21 Q. Okay. In some of the earlier</p> <p>22 questioning, you had mentioned that the HIDTA</p> <p>23 program, and my understanding is that your</p> <p>24 HIDTA participates in the HIDTA program?</p> <p>25 A. Well, yeah, they are involved in</p>



<p style="text-align: right;">Page 190</p> <p>1 that investigation, yes.</p> <p>2 Q. Exactly. And can you recall when</p> <p>3 that program was initiated?</p> <p>4 A. Probably three years ago, would</p> <p>5 have been the first year we received funding</p> <p>6 for that.</p> <p>7 Q. And this HIDTA program has</p> <p>8 investigated hundreds of overdose deaths that</p> <p>9 have occurred within the jurisdiction that your</p> <p>10 HIDTA covers?</p> <p>11 A. Yes.</p> <p>12 Q. Is it fair to say that they have</p> <p>13 investigated more than a thousand overdose</p> <p>14 deaths?</p> <p>15 A. Yes.</p> <p>16 Q. Is it fair to say that they have</p> <p>17 investigated more than 20,000 overdose deaths?</p> <p>18 A. I don't believe so.</p> <p>19 Q. More than 10,000 overdose deaths?</p> <p>20 A. Since we began funding them three</p> <p>21 years ago, no.</p> <p>22 Q. So what would be your estimate, and</p> <p>23 I understand it is an estimate, what would be</p> <p>24 your estimate?</p> <p>25 A. In the three-year period, 1,500 to</p>	<p style="text-align: right;">Page 192</p> <p>1 Q. To your knowledge, no one in your</p> <p>2 HIDTA ever looked to any retail pharmacy for</p> <p>3 guidance regarding the proper use of</p> <p>4 prescription opioids?</p> <p>5 A. Can you repeat that, please?</p> <p>6 Q. Okay.</p> <p>7 A. I'm sorry.</p> <p>8 Q. Sure. To your knowledge, are you</p> <p>9 aware of anyone in your HIDTA, any of the</p> <p>10 participating agencies, any of the members of</p> <p>11 the ex com, that ever looked to any retail</p> <p>12 pharmacy for guidance regarding the proper use</p> <p>13 of prescription opioids.</p> <p>14 A. I am not.</p> <p>15 Q. Can you identify a single example,</p> <p>16 based on your tenure at the Ohio HIDTA, where</p> <p>17 Walmart, Walgreens, CVS or Rite Aid filled a</p> <p>18 prescription where the prescribing doctor did</p> <p>19 not have a valid DEA registration?</p> <p>20 A. I am not.</p> <p>21 Q. Can you identify a single example</p> <p>22 where Walmart, Walgreens, CVS or Rite Aid</p> <p>23 improperly distributed prescription opioids in</p> <p>24 your jurisdiction?</p> <p>25 A. I cannot.</p>
<p style="text-align: right;">Page 191</p> <p>1 2,000 they probably responded to.</p> <p>2 Q. Okay. Based on the discussions</p> <p>3 that you have been -- that you have had with</p> <p>4 the executive committee members and the other</p> <p>5 participating narcotics agents who operate in</p> <p>6 your HIDTA, has your HIDTA ever taken any</p> <p>7 action, based on anything that retail</p> <p>8 pharmacies Walmart, Walgreens, CVS or Rite Aid</p> <p>9 have ever said publicly about prescription</p> <p>10 opiates?</p> <p>11 A. The HIDTA has not, and that would</p> <p>12 be from the HIDTA standpoint. I don't know</p> <p>13 about from the investigative standpoint.</p> <p>14 Q. Are you aware of any evidence,</p> <p>15 based on your work for the Ohio HIDTA, that</p> <p>16 suggests that anything that any retail pharmacy</p> <p>17 said publicly about prescription opioids caused</p> <p>18 the opioid crisis in Ohio?</p> <p>19 A. I am not.</p> <p>20 Q. Are you aware of any evidence,</p> <p>21 based on your work for the Ohio HIDTA, that</p> <p>22 suggests that anything that any retail pharmacy</p> <p>23 said publicly about prescription opioids</p> <p>24 contributed to the opioid crisis in Ohio?</p> <p>25 A. I am not.</p>	<p style="text-align: right;">Page 193</p> <p>1 Q. Can you point to any specific</p> <p>2 conduct by Walmart related to opioids that</p> <p>3 caused harm in Cuyahoga County or Summit</p> <p>4 County?</p> <p>5 A. I cannot.</p> <p>6 Q. Can you point to any specific</p> <p>7 conduct by Walgreens, Rite Aid or CVS related</p> <p>8 to opioids that caused any harm in Cuyahoga or</p> <p>9 Summit County?</p> <p>10 A. I cannot.</p> <p>11 Q. Can you tie any opioid-related cost</p> <p>12 in Ohio to specific acts conducted or directed</p> <p>13 by Walmart, Walgreens, Rite Aid or CVS?</p> <p>14 A. I cannot.</p> <p>15 Q. All right. So let's talk about</p> <p>16 that list of drugs that I went through a little</p> <p>17 bit ago, cocaine, crack cocaine,</p> <p>18 methamphetamine, ecstasy, LSD and K2.</p> <p>19 A. Okay.</p> <p>20 Q. And the next question is, can you</p> <p>21 describe K2 and what it is?</p> <p>22 A. It's a -- my understanding, it's a</p> <p>23 synthetic manufactured form of marijuana.</p> <p>24 Q. Would you agree that all of the</p> <p>25 drugs that I just listed have been abused in</p>

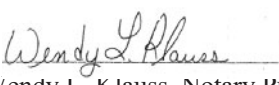
<p style="text-align: right;">Page 194</p> <p>1 Cuyahoga County?</p> <p>2 A. Most likely, without seeing the</p> <p>3 seizure data, but, yes.</p> <p>4 Q. And also abused in Summit County?</p> <p>5 A. Yes.</p> <p>6 Q. Fair to say that all of those</p> <p>7 narcotics have caused people to get addicted in</p> <p>8 both of those counties?</p> <p>9 A. Yes.</p> <p>10 Q. Including minors?</p> <p>11 A. Yes.</p> <p>12 Q. And would you agree that all of</p> <p>13 those illegal drugs that I just listed,</p> <p>14 cocaine, crack, meth, ecstasy, LSD, PCP,</p> <p>15 marijuana, K2, have caused those two counties</p> <p>16 to have to spend resources to battle the issues</p> <p>17 of those narcotics in their jurisdiction?</p> <p>18 A. Yes.</p> <p>19 Q. And that would include EMS costs</p> <p>20 for first responders?</p> <p>21 A. Yes.</p> <p>22 Q. It would include law enforcement</p> <p>23 costs?</p> <p>24 A. Yes.</p> <p>25 Q. It would include costs of</p>	<p style="text-align: right;">Page 196</p> <p>1 trafficking spiked in the late 1970s and early</p> <p>2 1980s with the rise of the Medellin and the</p> <p>3 Cali Cartels, fair?</p> <p>4 A. Yes.</p> <p>5 Q. And Pablo Escobar and the Medellin</p> <p>6 Cartel and the Orejuela brothers and the Cali</p> <p>7 Cartel would ship multiple hundred kilo loads</p> <p>8 of cocaine out of Columbia, most prevalently</p> <p>9 into South Florida, for distribution throughout</p> <p>10 the rest of the United States, correct?</p> <p>11 A. Correct.</p> <p>12 Q. It would be smuggled in by air or</p> <p>13 by sea, fair?</p> <p>14 A. Correct.</p> <p>15 Q. And then when it arrived in Miami,</p> <p>16 it would then be distributed throughout the</p> <p>17 country, mostly by cars driving across the</p> <p>18 country, correct?</p> <p>19 A. Yes.</p> <p>20 Q. And back in the 70s and 80s, some</p> <p>21 of that cocaine would have made its way up into</p> <p>22 Ohio, correct?</p> <p>23 A. Correct.</p> <p>24 Q. It would have made it throughout</p> <p>25 the whole United States, correct?</p>
<p style="text-align: right;">Page 195</p> <p>1 hospitals?</p> <p>2 A. Yes.</p> <p>3 Q. It would include costs related to</p> <p>4 narcotics task forces, correct?</p> <p>5 A. Yes.</p> <p>6 Q. Okay. Last topic. And I want to</p> <p>7 ask some questions about cocaine, marijuana and</p> <p>8 heroin, and some of this will relate to your</p> <p>9 work here at the Ohio HIDTA and some of it is</p> <p>10 going to track back a bit to your experience as</p> <p>11 an FBI agent for the 25 years.</p> <p>12 A. 23.</p> <p>13 Q. 23, okay.</p> <p>14 So you are aware that cocaine is</p> <p>15 made from poppy plants that are grown in South</p> <p>16 America, in Peru, Bolivia and Columbia, fair?</p> <p>17 A. Yes.</p> <p>18 Q. And you are aware that cocaine has</p> <p>19 been smuggled into the United States for</p> <p>20 decades and generations, right?</p> <p>21 A. Yes.</p> <p>22 Q. And it was present in the United</p> <p>23 States going back into the early 1900s, true?</p> <p>24 A. Yes.</p> <p>25 Q. And cocaine, the cocaine</p>	<p style="text-align: right;">Page 197</p> <p>1 A. Correct.</p> <p>2 Q. People in the 1970s and 80s here in</p> <p>3 Ohio and elsewhere got addicted to Columbian</p> <p>4 cocaine that had been imported by the Medellin</p> <p>5 and the Cali Cartels, correct?</p> <p>6 A. Correct.</p> <p>7 Q. And people in the 70s and 80s here</p> <p>8 in Ohio and throughout the United States died</p> <p>9 of overdose deaths related to the Columbian</p> <p>10 cocaine smuggled by the Medellin and Cali</p> <p>11 Cartels, fair?</p> <p>12 A. That's correct.</p> <p>13 Q. Now, in the mid 1980s, some of the</p> <p>14 street level gangs in Los Angeles figured out</p> <p>15 how to cook Columbian powder cocaine into crack</p> <p>16 cocaine, correct?</p> <p>17 A. Yes.</p> <p>18 Q. And the Bloods and the Crips were</p> <p>19 prominent in that development, right?</p> <p>20 A. Yes.</p> <p>21 Q. And they started taking Columbian</p> <p>22 cocaine, cooking it into crack, and then</p> <p>23 distributing it through street gang networks</p> <p>24 that operated throughout the United States,</p> <p>25 fair?</p>

<p style="text-align: right;">Page 198</p> <p>1 A. Fair, yes.</p> <p>2 Q. And some of those street gangs</p> <p>3 operated here in Ohio, correct?</p> <p>4 A. Yes.</p> <p>5 Q. In the counties that we have</p> <p>6 discussed earlier today, Summit County and here</p> <p>7 around Cleveland too, right?</p> <p>8 A. Yes.</p> <p>9 Q. And people became addicted to crack</p> <p>10 cocaine in the 1980s, true?</p> <p>11 A. That's true.</p> <p>12 Q. And some overdosed and died, true?</p> <p>13 A. Yes.</p> <p>14 Q. All right. So based on your 30</p> <p>15 years of experience in law enforcement and your</p> <p>16 10-plus years here with the Ohio HIDTA, are you</p> <p>17 aware of any evidence suggesting that Walmart</p> <p>18 is somehow responsible for the rise of the</p> <p>19 Medellin Cartel and the Cali Cartel in the late</p> <p>20 1970s?</p> <p>21 A. I am not.</p> <p>22 Q. Are you aware of any evidence that</p> <p>23 suggests that Rite Aid, Walgreens or CVS are</p> <p>24 somehow responsible for the rise of the</p> <p>25 Medellin Cartel and the Cali Cartel in the late</p>	<p style="text-align: right;">Page 200</p> <p>1 the Medellin Cartel, correct?</p> <p>2 A. No.</p> <p>3 Q. So lets turn to marijuana.</p> <p>4 You are aware that marijuana has</p> <p>5 been grown in Mexico for generations --</p> <p>6 A. Yes.</p> <p>7 Q. -- fair?</p> <p>8 And maybe upwards of like a hundred</p> <p>9 years, correct?</p> <p>10 A. Yes.</p> <p>11 Q. And that marijuana has been</p> <p>12 imported into the United States for at least a</p> <p>13 hundred years?</p> <p>14 A. Yes.</p> <p>15 Q. And the Mexican drug traffickers</p> <p>16 who grew the pot developed drug trafficking</p> <p>17 networks to bring it into United States?</p> <p>18 A. Yes.</p> <p>19 Q. Those routes including driving of</p> <p>20 marijuana across the border in trucks and</p> <p>21 distributing it into the cities, including</p> <p>22 cities here in Ohio: Akron, Cleveland,</p> <p>23 Cincinnati, fair?</p> <p>24 A. Yes.</p> <p>25 Q. And it's also fair to say that in</p>
<p style="text-align: right;">Page 199</p> <p>1 1970s?</p> <p>2 A. I am not.</p> <p>3 Q. Are you aware of any evidence that</p> <p>4 suggests that Walmart, Walgreens, Rite Aid or</p> <p>5 CVS are somehow responsible for the actions of</p> <p>6 the Crips and Bloods in developing crack</p> <p>7 cocaine and transporting it around the country</p> <p>8 and selling it in places here, like Ohio?</p> <p>9 A. I am not.</p> <p>10 Q. Would you agree that it is an</p> <p>11 absurd proposition to suggest that Walmart is</p> <p>12 somehow responsibility for the rise of the</p> <p>13 Medellin Cartel?</p> <p>14 MR. O'BRIEN: Objection. Answer if</p> <p>15 you can.</p> <p>16 A. As I said earlier, I think, I don't</p> <p>17 know where the blame exactly always is, but</p> <p>18 there is a lot of different aspects that</p> <p>19 introduced the various drugs that we have</p> <p>20 talked about today into our society, and I</p> <p>21 don't know if I'm in a position to say which</p> <p>22 one did or didn't have a role in it. I don't</p> <p>23 know. Speculation, I don't know, you know.</p> <p>24 Q. Fair to say you are not aware of</p> <p>25 any entity tying Walmart to Pablo Escobar and</p>	<p style="text-align: right;">Page 201</p> <p>1 the late 1980s, Miguel Angel Felix Gallardo,</p> <p>2 Rafael Caro Quintero and others kind of</p> <p>3 centralized some of the drug trafficking</p> <p>4 organizations in Mexico related to pot, right?</p> <p>5 A. Yes.</p> <p>6 Q. And Caro Quintero is well known for</p> <p>7 being able to grow a derivative of marijuana or</p> <p>8 of a brand of marijuana that was seedless, it</p> <p>9 was easier to transport, the yield was higher,</p> <p>10 and they could bring more volume in for their</p> <p>11 dollar invested, fair?</p> <p>12 A. I don't know the specifics of his</p> <p>13 cartel and his operation.</p> <p>14 Q. Okay. But as Felix Gallardo and</p> <p>15 Caro Quintero centralize pot smuggling in</p> <p>16 Mexico, as Escobar the Orejuelos did in South</p> <p>17 America, it increased the amount of Mexican</p> <p>18 marijuana that was reaching the United States?</p> <p>19 A. Yes.</p> <p>20 Q. And some of that marijuana found</p> <p>21 its way into Ohio and the counties that your</p> <p>22 HIDTA covers, correct?</p> <p>23 A. Correct.</p> <p>24 Q. Now, Gallardo had ties to the</p> <p>25 Sinaloa Cartel, including ties to Joaquin</p>

<p style="text-align: right;">Page 202</p> <p>1 Guzman Loera, who is also known as El Chapo, 2 right? 3 A. Correct. 4 Q. And over time, they partnered with 5 the Columbian cartels and opened their 6 marijuana network up to Columbian cocaine, and 7 then they were part of a hub of bringing 8 Columbian cocaine into the United States? 9 A. That's correct. 10 Q. And that was happening in the late 11 1980s and early 1990s, right? 12 A. Yes. 13 Q. Are you aware of any evidence to 14 suggest that Walmart, Rite Aid, CVS or 15 Walgreens are somehow responsible for the rise 16 of the Mexican drug trafficking organizations 17 that grew in the 1980s and 1990s? 18 A. No. 19 Q. Has anyone in law enforcement ever 20 suggested to you that Walmart, Rite Aid, CVS or 21 Walgreens are somehow responsible for these 22 Mexican drug trafficking organizations that 23 were bringing marijuana and cocaine into Ohio? 24 A. No. 25 Q. Okay. Heroin. The poppy plant</p>	<p style="text-align: right;">Page 204</p> <p>1 Q. All right. Now, the heroin that 2 was in the United States in the early 1900s led 3 to addiction issues, correct? 4 A. I don't know that for a fact, but I 5 would say yes. 6 Q. And may have contributed to 7 overdose deaths going back into the early 8 1900s? 9 A. Yes. 10 Q. Would you agree that heroin use in 11 the United States spiked during the Vietnam War 12 and the period shortly after the Vietnam War? 13 A. Yes. 14 Q. And part of that is because there 15 was a large American presence in Southeast Asia 16 at that time, and some of those individuals 17 either chose to traffic in heroin or become 18 users and takers of heroin? 19 A. Yes. 20 Q. After they had been exposed to 21 heroin in Southeast Asia? 22 A. Yes. 23 Q. And some of that heroin that then 24 was being smuggled back into the country 25 through those Asian organizations was coming</p>
<p style="text-align: right;">Page 203</p> <p>1 that produces heroin grows in just a few areas 2 in the world, fair? 3 A. Yes. 4 Q. One of those areas is the golden 5 triangle in Asia, right? 6 A. Correct. 7 Q. So it grows in Laos, Cambodia, and 8 what used to be known as Burma, right? 9 A. Correct. 10 Q. And heroin has existed here in the 11 United States for generations, decades, 12 correct? 13 A. Yes. 14 Q. And heroin use in the United States 15 goes back into the early 1900s, like cocaine 16 does, right? 17 A. Yes. 18 Q. And there are other areas as well. 19 There is the golden crescent in the Middle 20 East, like Afghanistan, right? 21 A. Correct. 22 Q. And in the mid 1980s, heroin 23 started to be grown alongside the poppy plants 24 in Peru, Bolivia and Columbia, correct? 25 A. Yes.</p>	<p style="text-align: right;">Page 205</p> <p>1 here into Ohio? 2 A. I don't know that for sure. 3 Q. Okay. Would you agree that heroin 4 is smuggled out of Asia by air, by sea, by 5 mail? 6 A. Yes. 7 Q. And has been for generations? 8 A. Yes. 9 Q. And some of that heroin would find 10 its way into Ohio? 11 A. Yes. 12 Q. And would lead to addiction here in 13 Ohio? 14 A. I don't know if I'm in a position 15 to talk about addiction. I just know it would 16 come to Ohio. 17 Q. And so for generations, this Asian 18 heroin would also lead to overdose deaths here 19 in Ohio, fair? 20 A. Yes. 21 Q. And you had testified earlier about 22 Mexican black tar heroin and brown powder 23 heroin being smuggled out of Mexico too, right? 24 A. Yes. 25 Q. And that comes into Ohio as well,</p>

<p style="text-align: right;">Page 206</p> <p>1 correct?</p> <p>2 A. Yes, it does.</p> <p>3 Q. And that leads to overdose</p> <p>4 deaths --</p> <p>5 A. Yes.</p> <p>6 Q. -- here in Ohio as well, true?</p> <p>7 A. Yes.</p> <p>8 Q. Okay.</p> <p>9 A. Excuse me one moment. I didn't</p> <p>10 want to cough in your ear too much. Thank you.</p> <p>11 Q. So based on your experience in</p> <p>12 narcotics enforcement, Director Siegel, are you</p> <p>13 aware of any evidence suggesting that Walmart,</p> <p>14 CVS, Walgreens or Rite Aid are somehow</p> <p>15 responsible for the rise of heroin smuggled</p> <p>16 into the United States during the Vietnam War?</p> <p>17 A. No.</p> <p>18 Q. Are you aware of or has any law</p> <p>19 enforcement officer ever suggested to you that</p> <p>20 they are -- those retail pharmacies are</p> <p>21 responsible for the rise of black tar heroin</p> <p>22 and brown powder heroin being smuggled into</p> <p>23 Ohio and the United States by Mexican drug</p> <p>24 organizations?</p> <p>25 A. No.</p>	<p style="text-align: right;">Page 208</p> <p>1 A. The one I'm aware of is when DEA</p> <p>2 has the National Take Back Day.</p> <p>3 Q. And you had mentioned earlier that</p> <p>4 your son had had shoulder surgery, and I don't</p> <p>5 know how many pills were in his prescription,</p> <p>6 but let's just assume for a hypothetical</p> <p>7 situation it was 20 pills, and let's assume</p> <p>8 that he only needed to take two or three pills,</p> <p>9 because after a day he was okay, right, and now</p> <p>10 you are left with 16, 17, 18 pills.</p> <p>11 There are programs where you can</p> <p>12 take those excess medications and provide them</p> <p>13 back, so the person who was prescribed them</p> <p>14 doesn't then become addicted to them; is that</p> <p>15 fair?</p> <p>16 A. Yes.</p> <p>17 Q. And do you view those Dispose Rx</p> <p>18 programs as good policy?</p> <p>19 A. I do.</p> <p>20 Q. Are you aware of any drug</p> <p>21 trafficking organization that has ever offered</p> <p>22 to take back pills or heroin from people that</p> <p>23 they have sold them to?</p> <p>24 A. I am not.</p> <p>25 Q. You are not aware of any drug</p>
<p style="text-align: right;">Page 207</p> <p>1 Q. All right. Last topic.</p> <p>2 MR. O'BRIEN: Isn't that what he</p> <p>3 said last time?</p> <p>4 MR. STEPHENS: I promise.</p> <p>5 Q. All right. So you are familiar</p> <p>6 with Narcan, right?</p> <p>7 A. Yes.</p> <p>8 Q. And are you familiar with naloxone</p> <p>9 as well?</p> <p>10 A. Yes.</p> <p>11 Q. Naloxone is something that can be</p> <p>12 given to someone who is using an opioid to</p> <p>13 prevent an overdose death, correct?</p> <p>14 A. Yes.</p> <p>15 Q. And are you aware of any situation</p> <p>16 where a Mexican drug trafficking organization</p> <p>17 has ever put naloxone in shipments it sent into</p> <p>18 Ohio as a way to protect and help the people</p> <p>19 who would be taking their heroin?</p> <p>20 A. I am not.</p> <p>21 Q. Are you familiar with like this</p> <p>22 Dispose Rx program, that certain companies and</p> <p>23 state agencies have to help people who receive</p> <p>24 prescription opioids dispose of any excess</p> <p>25 opioids?</p>	<p style="text-align: right;">Page 209</p> <p>1 trafficking organization that has a Dispose Rx</p> <p>2 type program?</p> <p>3 A. I'm not.</p> <p>4 Q. You had spoken briefly about ARCOS,</p> <p>5 right?</p> <p>6 A. Yes.</p> <p>7 Q. And as I recall your testimony,</p> <p>8 correct me if I'm misrecollecting, but you are</p> <p>9 familiar with it, but it, but it's not -- the</p> <p>10 DEA has not provided it to your HIDTA to use,</p> <p>11 outside of creating that map, so you wouldn't</p> <p>12 be using it in investigations?</p> <p>13 A. We do not.</p> <p>14 Q. Are you aware as to whether or not</p> <p>15 DEA shares that ARCOS-related information with</p> <p>16 the other members of the HIDTA for use in their</p> <p>17 investigations?</p> <p>18 A. I don't know.</p> <p>19 MR. STEPHENS: That's all I have.</p> <p>20 THE VIDEOGRAPHER: 2:07, going off</p> <p>21 the record.</p> <p>22 (Deposition concluded at 2:07 p.m.)</p> <p>23 - - - -</p> <p>24</p> <p>25</p>



<p style="text-align: right;">Page 210</p> <p>1 Whereupon, counsel was requested to give 2 instruction regarding the witness's review of 3 the transcript pursuant to the Civil Rules. 4 5               SIGNATURE: 6 Transcript review was requested pursuant to the 7 applicable Rules of Civil Procedure. 8 9               TRANSCRIPT DELIVERY: 10 Counsel was requested to give instruction 11 regarding delivery date of transcript. 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 212</p> <p>1               I do further certify that I am not 2 a relative, counsel or attorney for either 3 party, or otherwise interested in the event of 4 this action. 5               IN WITNESS WHEREOF, I have hereunto 6 set my hand and affixed my seal of office at 7 Cleveland, Ohio, on this 28th day of 8 January, 2019. 9 10 11 12 13  14 Wendy L. Klauss, Notary Public 15 within and for the State of Ohio 16 17 My commission expires July 13, 2019. 18 19 20 21 22 23 24 25</p>
<p style="text-align: right;">Page 211</p> <p>1               REPORTER'S CERTIFICATE 2 The State of Ohio, ) 3               SS: 4 County of Cuyahoga. ) 5 6               I, Wendy L. Klauss, a Notary Public 7 within and for the State of Ohio, duly 8 commissioned and qualified, do hereby certify 9 that the within named witness, DEREK SIEGLE, 10 was by me first duly sworn to testify the 11 truth, the whole truth and nothing but the 12 truth in the cause aforesaid; that the 13 testimony then given by the above-referenced 14 witness was by me reduced to stenotypy in the 15 presence of said witness; afterwards 16 transcribed, and that the foregoing is a true 17 and correct transcription of the testimony so 18 given by the above-referenced witness. 19               I do further certify that this 20 deposition was taken at the time and place in 21 the foregoing caption specified and was 22 completed without adjournment. 23 24 25</p>	<p style="text-align: right;">Page 213</p> <p>1               Veritext Legal Solutions 2               1100 Superior Ave 3               Suite 1820 4               Cleveland, Ohio 44114 5               Phone: 216-523-1313 6 7               January 28, 2019 8               To: Gregory J. O'Brien 9               Case Name: In Re: National Prescription Opiate Litigation v. 10              Veritext Reference Number: 3198865 11              Witness: Derek Siegle      Deposition Date: 1/23/2019 12              Dear Sir/Madam: 13              Enclosed please find a deposition transcript. Please have the witness 14              review the transcript and note any changes or corrections on the 15              included errata sheet, indicating the page, line number, change, and 16              the reason for the change. Have the witness' signature notarized and 17              forward the completed page(s) back to us at the Production address 18              shown 19              above, or email to production-midwest@veritext.com. 20              If the errata is not returned within thirty days of your receipt of 21              this letter, the reading and signing will be deemed waived. 22              Sincerely, 23              Production Department 24 25 NO NOTARY REQUIRED IN CA</p>

Page 214	Page 216
<p>1 DEPOSITION REVIEW CERTIFICATION OF WITNESS</p> <p>2</p> <p>3 ASSIGNMENT REFERENCE NO: 3198865 CASE NAME: In Re: National Prescription Opiate Litigation v. DATE OF DEPOSITION: 1/23/2019</p> <p>4 WITNESS' NAME: Derek Siegle 5 In accordance with the Rules of Civil 6 Procedure, I have read the entire transcript of 7 my testimony or it has been read to me. 8 I have made no changes to the testimony as transcribed by the court reporter.</p> <p>9 _____ Date Derek Siegle</p> <p>10 Sworn to and subscribed before me, a 11 Notary Public in and for the State and County, 12 the referenced witness did personally appear and acknowledge that:</p> <p>13 They have read the transcript; 14 They signed the foregoing Sworn Statement; and 15 Their execution of this Statement is of their free act and deed.</p> <p>16 I have affixed my name and official seal 17 this _____ day of _____, 20 ____.</p> <p>18 _____ Notary Public</p> <p>19 _____ Commission Expiration Date</p> <p>20 21 22 23 24 25</p>	<p>1 ERRATA SHEET VERITEXT LEGAL SOLUTIONS MIDWEST</p> <p>2 ASSIGNMENT NO: 1/23/2019</p> <p>3 PAGE/LINE(S) / CHANGE /REASON</p> <p>4 _____</p> <p>5 _____</p> <p>6 _____</p> <p>7 _____</p> <p>8 _____</p> <p>9 _____</p> <p>10 _____</p> <p>11 _____</p> <p>12 _____</p> <p>13 _____</p> <p>14 _____</p> <p>15 _____</p> <p>16 _____</p> <p>17 _____</p> <p>18 _____</p> <p>19 _____</p> <p>20 _____ Date Derek Siegle</p> <p>21 SUBSCRIBED AND SWORN TO BEFORE ME THIS _____</p> <p>22 DAY OF _____, 20 ____.</p> <p>23 _____</p> <p>24 _____ Notary Public</p> <p>25 _____ Commission Expiration Date</p>
<p>1 DEPOSITION REVIEW CERTIFICATION OF WITNESS</p> <p>2</p> <p>3 ASSIGNMENT REFERENCE NO: 3198865 CASE NAME: In Re: National Prescription Opiate Litigation v. DATE OF DEPOSITION: 1/23/2019</p> <p>4 WITNESS' NAME: Derek Siegle 5 In accordance with the Rules of Civil 6 Procedure, I have read the entire transcript of 7 my testimony or it has been read to me. 8 I have listed my changes on the attached Errata Sheet, listing page and line numbers as 9 well as the reason(s) for the change(s). 10 I request that these changes be entered as part of the record of my testimony.</p> <p>11 I have executed the Errata Sheet, as well 12 as this Certificate, and request and authorize that both be appended to the transcript of my 13 testimony and be incorporated therein.</p> <p>14 _____ Date Derek Siegle</p> <p>15 Sworn to and subscribed before me, a 16 Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:</p> <p>17 They have read the transcript; 18 They have listed all of their corrections in the appended Errata Sheet; 19 They signed the foregoing Sworn Statement; and 20 Their execution of this Statement is of their free act and deed.</p> <p>21 I have affixed my name and official seal 22 this _____ day of _____, 20 ____.</p> <p>23 _____ Notary Public</p> <p>24 _____ Commission Expiration Date</p> <p>25</p>	<p>55 (Pages 214 - 216)</p>

[&amp; - 2:07]

Page 1

<b>&amp;</b>	<b>100</b> 181:24	<b>1980s</b> 78:21 196:2	<b>2011</b> 68:9 81:2
<b>&amp;</b> 2:3,7 3:4,9 7:9	<b>100,000</b> 28:9	197:13 198:10	99:2 103:16
7:13,17,19 8:2	<b>10036</b> 3:11	201:1 202:11,17	104:13
<b>0</b>	<b>101</b> 2:20	203:22	<b>2012</b> 5:5 47:5
<b>000001</b> 5:11 103:2	<b>1025</b> 50:9	<b>1982</b> 16:1	60:18,24 67:12
103:8	<b>103</b> 5:10	<b>1987</b> 30:21	77:11,17 78:12
<b>000989</b> 5:4 19:18	<b>1045</b> 52:22 53:4	<b>199</b> 6:3	93:24 95:21
19:23	<b>108</b> 5:12	<b>1990s</b> 78:20	<b>2013</b> 98:24
<b>000993</b> 52:25	<b>10:21</b> 62:17	202:11,17	<b>2015</b> 103:17
<b>000997</b> 98:7	<b>10:42</b> 62:20	<b>1995</b> 31:11	104:13 105:12
<b>001025</b> 20:11,13	<b>11</b> 73:3	<b>1999</b> 5:18 24:9	<b>2016</b> 105:3
<b>001033</b> 5:17 139:2	<b>1100</b> 52:14 213:1	145:6,7,23 146:9	<b>2017</b> 5:3 19:22
139:6	<b>112,000</b> 105:22	<b>1:04</b> 162:16	20:5,15,25 47:17
<b>002635</b> 5:16	<b>113</b> 5:14	<b>1:17</b> 1:15	98:8,21,24 99:2
113:18,23	<b>11:49</b> 118:10	<b>1:18</b> 162:20	121:12 148:22
<b>003263</b> 5:7 60:15	<b>12</b> 157:15	<b>1:25</b> 168:21,24	<b>2018</b> 20:25 24:11
60:20	<b>12.81</b> 104:25	<b>2</b>	96:21 97:1 105:3
<b>0033501</b> 5:9 69:6	<b>1211</b> 3:10	<b>2</b> 4:3 5:5 60:14,17	108:19 110:1
<b>003369</b> 5:20	<b>127</b> 1:22	<b>2,000</b> 191:1	121:11
145:25 146:5	<b>12:10</b> 118:13	<b>2.11</b> 105:16	<b>2019</b> 1:20 212:8,17
<b>003501</b> 69:1	<b>13</b> 212:17	<b>20</b> 173:5 183:25	213:4
<b>003821</b> 5:13 108:7	<b>130,000</b> 167:9	208:7 214:16	<b>202</b> 2:10
108:12	<b>139</b> 5:17	215:22 216:22	<b>21</b> 79:10
<b>1</b>	<b>145</b> 5:18	<b>20,000</b> 190:17	<b>211</b> 4:11
<b>1</b> 5:3 17:2 19:17	<b>15</b> 23:24 149:11	<b>200</b> 2:4	<b>212</b> 3:11
19:20 33:10 50:9	<b>16</b> 208:10	<b>2000</b> 1:22	<b>213</b> 3:7
52:12 98:6 146:15	<b>169</b> 4:9	<b>20001-4956</b> 2:10	<b>216</b> 2:5
148:23 150:15	<b>17</b> 1:9 26:21	<b>2000s</b> 68:6 82:4	<b>216-523-1313</b>
<b>1,000</b> 106:22	208:10	<b>2002</b> 5:8 69:4,14	213:3
<b>1,500</b> 190:25	<b>1755</b> 2:14	75:5,13,17 76:10	<b>2222</b> 212:13
<b>1,995</b> 104:12	<b>179,000</b> 167:7	76:16,25 77:7	<b>23</b> 1:20 195:12,13
<b>1.8</b> 99:3	<b>18</b> 47:17 208:10	78:24,25 80:17	<b>24</b> 21:14 45:15,24
<b>1/23/2019</b> 213:8	<b>1800</b> 2:20	82:1 83:3 117:2	<b>241-2838</b> 2:5
214:3 215:3 216:2	<b>1820</b> 213:2	117:10	<b>243-4000</b> 3:7
<b>10</b> 28:15 163:13	<b>19</b> 5:3	<b>2006</b> 29:18 32:10	<b>25</b> 195:11
183:23 198:16	<b>1900s</b> 195:23	<b>2007</b> 114:3	<b>27</b> 98:23
<b>10,000</b> 124:21,24	203:15 204:2,8	<b>2009</b> 17:2 29:19	<b>28</b> 213:4
177:24 179:13	<b>1970s</b> 147:1 196:1	32:9,10 68:7	<b>2804</b> 1:7,9
190:19	197:2 198:20	77:22 169:19	<b>28th</b> 212:7
	199:1	<b>2010</b> 73:3	<b>2:07</b> 209:20,22

## [3 - addresses]

Page 2

<b>3</b>	<b>60</b> 5:5 <b>650</b> 2:15 <b>662-6000</b> 2:10 <b>68,000</b> 167:12 <b>69</b> 5:8 <b>69.3</b> 104:22	96:1 97:4 102:14 116:1,4 121:9 136:14 <b>abused</b> 90:9 93:4 95:25 113:4,10 116:6 117:21 123:16 193:25 194:4 <b>abusers</b> 116:7,10 <b>abusing</b> 102:4 160:5 <b>academy</b> 16:7,7 30:20 <b>accepted</b> 13:19,20 <b>accepting</b> 176:8 <b>access</b> 42:7 71:22 72:17 138:14,16 141:5,15,18,20,23 141:25 142:2,17 <b>accomplish</b> 51:11 <b>accomplished</b> 124:25 <b>accomplishments</b> 34:8 104:2 149:16 152:24 <b>account</b> 104:1 <b>accountant</b> 30:13 <b>accountants</b> 30:15 <b>accounting</b> 15:25 30:9,14 <b>accuracy</b> 76:6 81:10 118:2 <b>accurate</b> 34:24 35:9,21 45:5 81:6 88:1 160:1 173:25 <b>acknowledge</b> 214:11 215:16 <b>acronym</b> 16:11,12 <b>act</b> 16:17 214:14 215:20	<b>action</b> 175:15 191:7 212:4 <b>actions</b> 89:24 134:17,25 185:22 186:3 199:5 <b>activity</b> 91:16 <b>acts</b> 193:12 <b>ad</b> 82:22 <b>adamhs</b> 95:20 <b>adams</b> 68:23 <b>add</b> 20:23 28:25 54:17 106:3 <b>added</b> 20:25 21:4 21:7,11 68:22 <b>addict's</b> 159:6 <b>addicted</b> 159:18 194:7 197:3 198:9 208:14 <b>addiction</b> 57:15 67:25 91:11 109:11 129:24 204:3 205:12,15 <b>addicts</b> 91:3 130:1 159:14,18 160:11 <b>adding</b> 54:20 <b>addition</b> 54:22 72:4 95:20 97:8 <b>additional</b> 41:17 54:18 55:11 87:7 87:11,21 88:14,20 90:6 97:8,9 111:19 154:10 155:7 163:11 172:22 <b>address</b> 8:8 26:7 30:2 44:8 109:6 133:14 154:5,11 155:11 213:15 <b>addressed</b> 145:15 <b>addresses</b> 154:8
<b>3</b> 5:8,18 68:25 69:3 75:5,19,19 79:10 82:6,20 117:3 145:23 <b>30</b> 198:14 <b>3198865</b> 213:7 214:2 215:2 <b>35</b> 184:7 <b>3500</b> 2:4 <b>37.3</b> 105:13 <b>38</b> 82:6,19 <b>3822</b> 109:16 <b>39</b> 117:5,9	<b>7</b> 7 4:8 5:17 115:23 138:25 139:5 <b>70s</b> 196:20 197:7 <b>712</b> 104:15 <b>739-3939</b> 2:15 <b>76,000</b> 105:23 167:11 <b>777</b> 3:5		
<b>4</b>	<b>8</b> 8 5:18 145:22 146:4 <b>80s</b> 196:20 197:2,7 <b>850</b> 2:9		
<b>4</b> 5:10 102:25 103:6 <b>40</b> 184:8 <b>415</b> 2:21 <b>42</b> 99:1 <b>44114</b> 213:2 <b>44114-2302</b> 2:4 <b>44131</b> 8:11 <b>44th</b> 3:6 <b>45004</b> 1:15	<b>9</b> 900 52:14 106:23 90017-5844 3:6 94105 2:21 94303 2:15 9:20 1:20 7:1		
<b>5</b>	<b>a</b> a.m. 1:20 7:1 <b>ability</b> 127:12,14 128:5 130:20,25 131:2 172:19 <b>able</b> 11:16 55:10 125:3 131:22 141:18 201:7 <b>absurd</b> 199:11 <b>abuse</b> 62:10 75:20 75:24 76:18 79:7 79:20,20 82:23 84:15 93:12,15		
<b>5</b> 4:5 5:12 28:15 52:25 108:4,11 <b>50</b> 106:1 <b>500</b> 181:5 <b>5082</b> 8:10 <b>543-8700</b> 2:21 <b>56,000</b> 106:21 <b>56,164</b> 104:18 <b>596-9451</b> 3:11 <b>5th</b> 8:10			
<b>6</b>			
<b>6</b> 5:14 108:19 113:15,22 115:23			

## [addressing - applied]

Page 3

<b>addressing</b> 45:8 84:2	170:11,13 195:11	<b>alike</b> 153:25	27:18 28:21 33:9
<b>adjournment</b> 211:22	<b>agents</b> 52:22 53:4 167:22 171:2 172:12 177:8	<b>allocate</b> 28:17 86:22 162:25 163:4	34:10,14,23 43:13 43:13,14 44:1,1,2 44:3 47:3 49:20
<b>adjustments</b> 28:22	178:13 179:1	<b>allotted</b> 55:5	49:21 70:11,21
<b>administration</b> 10:9 60:1	191:5	<b>allowed</b> 27:3	71:15 72:14 78:16
<b>administrative</b> 29:17	<b>aggregate</b> 36:12 104:6	<b>alongside</b> 203:23	94:21 96:19 98:8
<b>advised</b> 184:21	<b>ago</b> 47:19 56:9 62:24 109:21	<b>alrighty</b> 11:13	98:22 114:15
<b>ae</b> 162:20	134:1 138:21	<b>alto</b> 2:15	115:5,8 148:15,19
<b>affairs</b> 32:2	141:21 190:4,21	<b>america</b> 195:16 201:17	148:20 149:19
<b>affect</b> 101:21	193:17	<b>american</b> 204:15	152:25 171:8,8
<b>affixed</b> 212:6 214:15 215:21	<b>agree</b> 75:1 173:11 174:11 176:15	<b>americas</b> 3:10	172:1 175:15,19
<b>afghanistan</b> 203:20	177:6,12,17 178:2 178:11 182:23	<b>amerisourceberg...</b> 2:17	<b>annually</b> 51:6
<b>aforesaid</b> 211:12	184:17,23 185:4	<b>amount</b> 66:2 95:17 106:18	<b>answer</b> 11:5,10,21 11:21 12:3 22:18
<b>afternoon</b> 169:3,4	185:13,20,25	107:3 121:3	37:3 102:21
<b>age</b> 7:4	186:4 187:17	131:12 184:6	165:24 199:14
<b>agencies</b> 18:19 19:6 33:2,14 35:3 53:16 58:12 59:5 70:3,13 72:18 83:17 114:23 132:15 133:1 145:10 150:20 152:10 153:16 155:19 169:21 170:5 171:12 173:3,20 174:10 180:19 181:15 182:12 192:10 207:23	193:24 194:12 199:10 204:10 205:3	201:17	<b>answers</b> 11:9 21:23 46:17
<b>agency</b> 26:9,13 31:2,24 52:5 73:11 135:1 157:7 174:17 184:11,18 184:24 185:7,15	<b>aid</b> 169:16 184:25 185:17 186:3 187:12 188:17,22 189:17 191:8 192:17,22 193:7 193:13 198:23 199:4 202:14,20 206:14	<b>amounts</b> 187:19	<b>anybody</b> 18:13 23:14 128:22 130:22
<b>agent</b> 29:7 31:25 32:8 46:3,6,7,9,10	<b>air</b> 196:12 205:4	<b>analogs</b> 39:13 40:20 48:7 66:21 98:11 107:22	<b>appalachian</b> 133:21
	<b>akron</b> 14:7 46:12 58:6,24 59:1,4 76:22 83:12 147:6 147:10 167:5,23 168:14 170:15 200:22	<b>analysis</b> 5:15 19:11,11,12,12 25:2,2,5 113:17 114:4,7,10 142:1,3 165:6	<b>appear</b> 91:22 122:15 214:11 215:15
	<b>al</b> 1:13,14	<b>analyst</b> 140:5,11 141:17 156:13	<b>appearances</b> 2:1 3:1 4:3
	<b>albuquerque</b> 30:21	<b>analysts</b> 19:5 24:25 52:23 53:5 138:7 141:24	<b>appears</b> 35:6 57:8 103:11 106:20 140:1 146:17
		<b>analytical</b> 45:22	<b>appended</b> 215:11 215:18
		<b>anecdotally</b> 91:18	<b>applicable</b> 210:7
		<b>angel</b> 201:1	<b>application</b> 5:19 41:6 55:11 145:24 146:8
		<b>angeles</b> 3:6 197:14	<b>applied</b> 30:15 55:20 56:14
		<b>animal</b> 40:4	
		<b>annual</b> 5:3 19:22 20:5,7,9 21:10	



[applies - back]

Page 4

<b>applies</b> 45:3 <b>appropriate</b> 18:9 136:25 <b>appropriated</b> 17:12 <b>appropriation</b> 41:25 <b>approval</b> 75:3 151:1 153:18 <b>approve</b> 151:4,9 151:14,14 <b>approved</b> 42:20 74:10 <b>approximately</b> 9:18 29:11 30:24 31:11,16 32:3,11 47:4 52:22 56:9 93:24 <b>arcos</b> 5:17 137:24 138:2,9,12,14,17 138:19 139:1,10 139:14 140:24 141:6 142:10,17 142:19 209:4,15 <b>area</b> 5:3,15 15:14 16:10,14 17:22 19:22 25:14,19 26:1 31:7 41:5,12 42:23 43:3,22 52:5 70:19 85:17 87:18 113:17 114:10 121:23,25 127:24 132:3 140:13 145:12 146:24 149:23 167:21,23 168:8 188:4 <b>areas</b> 25:16 41:9 41:13 44:19 55:21 140:3 155:5 156:18 173:18	203:1,4,18 <b>arena</b> 140:8 <b>arm</b> 59:25 <b>arnold</b> 3:4 7:17 <b>arnoldporter.com</b> 3:7 <b>arrest</b> 25:13 27:2 130:20,25 157:7 160:12 <b>arrests</b> 134:12 157:8,9 <b>arrived</b> 196:15 <b>articulate</b> 163:17 <b>asia</b> 203:5 204:15 204:21 205:4 <b>asian</b> 204:25 205:17 <b>asked</b> 70:22 120:19 177:2 <b>asking</b> 70:14 107:6 112:17 129:5 151:21 <b>aspect</b> 141:2 <b>aspects</b> 166:4 199:18 <b>assaults</b> 9:1 <b>assessment</b> 5:8 44:1,2,5 69:4,14 69:17 72:20,21 74:1,5,7 75:14 76:12,17 78:24 79:11,14 80:2 81:3,10,14 82:1 98:10 114:9,13 115:4 117:2 142:5 153:8 164:25 165:3 166:3 171:7 171:25 <b>assessments</b> 33:16 74:13 81:7 91:14	<b>asset</b> 164:1 <b>assets</b> 28:10 156:20 <b>assigned</b> 30:21 169:25 <b>assignment</b> 214:2 215:2 216:2 <b>assigns</b> 167:22 <b>assist</b> 50:19 51:3,8 <b>assistance</b> 164:9 <b>assistant</b> 22:4 29:7 32:4,7 45:21 150:3 <b>associated</b> 147:17 <b>assume</b> 208:6,7 <b>assuming</b> 38:23 <b>assumptions</b> 91:7 <b>assure</b> 164:3 <b>atf</b> 46:8 <b>attached</b> 5:19 64:23 145:24 215:7 <b>attack</b> 155:3 <b>attacking</b> 124:14 <b>attend</b> 18:23 108:22,23 134:21 <b>attended</b> 173:13 185:6,15 <b>attention</b> 62:24 63:4,15 <b>attorney</b> 12:14 21:12 45:25 46:5 146:10 170:12 212:2 <b>attorney's</b> 108:18 145:10 170:13 <b>attorneys</b> 13:8 171:3 <b>audibly</b> 11:10 <b>august</b> 17:2 32:10 32:10	<b>authority</b> 49:25 <b>authorize</b> 215:11 <b>authorized</b> 136:18 <b>automated</b> 98:21 99:10 <b>automobile</b> 147:10 <b>automotive</b> 147:10 <b>availability</b> 42:3 92:22 98:2,4 100:10,13 101:12 101:16,18 <b>available</b> 58:22 72:10 75:9 77:3 79:15 83:20,24 92:20 139:14 <b>ave</b> 213:1 <b>avenue</b> 3:10 <b>avoid</b> 173:24 <b>aware</b> 40:1,3 56:10 78:25 87:5 89:12 96:8 110:14 119:17 122:1,23 123:6,9 125:8 130:12 131:21,24 132:8 133:4 134:25 137:17 142:18 144:15 147:22 151:21 160:21 172:21 174:21 178:5 179:19 191:14,20 192:9 195:14,18 198:17,22 199:3 199:24 200:4 202:13 206:13,18 207:15 208:1,20 208:25 209:14
<b>b</b>			
<b>bachelor's</b> 15:25 <b>back</b> 28:15 29:3 30:5 31:18,25			

[back - briefly]

Page 5

47:2 49:20 62:21 67:9 77:7 78:20 80:6 91:4 94:16 98:6 117:1 118:14 118:15 125:5 133:17 146:9 153:6 156:12 157:13 162:20 168:10,25 171:21 195:10,23 196:20 203:15 204:7,24 208:2,13,22 213:15 <b>background</b> 15:24 29:4 30:5,23 92:11 137:2 140:10 <b>bad</b> 33:24 112:21 <b>baker</b> 1:22 <b>banded</b> 41:20 <b>bang</b> 85:13,19 88:3 <b>bank</b> 8:25 31:8 <b>base</b> 147:2 <b>based</b> 30:23 36:8 43:20,20 47:15 54:15 55:12 57:3 68:21 81:25 83:6 85:24 90:22,22 91:19 94:9 95:17 95:19 102:21 106:13,17 107:6 107:15 112:18 121:2 125:19 127:6 128:21 135:22,25 137:8 139:14 143:3 149:6 153:21,21 153:22 159:24 162:1 174:9 176:7 186:14,21,25	188:6 189:1,3 191:2,7,15,21 192:16 198:14 206:11 <b>baseline</b> 55:2,6 172:15 <b>basically</b> 44:3 45:17 149:15,16 <b>basing</b> 107:5 <b>basis</b> 27:8,18 28:22 34:7,19,23 43:6 68:19 70:11 71:13 92:10 103:23 126:22 132:10 148:10 175:15 <b>bates</b> 5:4,6,9,10,13 5:16,17,19 19:18 19:23 60:15,19 69:1,5 98:7 103:2 103:8 108:7,12 109:15 113:18,23 139:1 145:25 <b>battle</b> 172:13 194:16 <b>becoming</b> 90:15 <b>began</b> 77:11 97:11 147:1 190:20 <b>beginning</b> 5:4,6,8 5:13,15,17,19 10:15 19:22 52:19 53:1,2 60:19 69:5 108:6 113:17 139:1 145:24 147:1 <b>begins</b> 115:25 <b>behalf</b> 2:2,6,12,17 3:2,8 7:9,11,17,19 <b>believe</b> 9:7 13:22 15:18 21:5,22 23:23 24:14 32:9	48:9 52:13,18 62:1 63:17 67:12 77:18 80:7 94:7 96:9,14 105:5,8 116:25 119:16 120:12,19 121:7 121:10 123:12 141:16 143:20 145:6 156:3 161:22 167:9,21 174:14 186:24 190:18 <b>belt</b> 147:5 <b>benefits</b> 42:1 <b>best</b> 10:21 11:1 15:15 36:2 121:13 136:17,24 <b>better</b> 26:12 42:4 47:4 97:13 100:23 112:15 <b>beyond</b> 100:4 109:11 <b>big</b> 124:9,10 132:20 <b>bigger</b> 42:6 106:20 <b>billings</b> 31:24 <b>bit</b> 17:17 21:23 22:17 24:22 26:17 37:4 62:23 64:11 78:23 118:17 125:6 140:9 141:11 148:14 158:2 169:8 184:15 193:17 195:10 <b>biweekly</b> 65:14 <b>black</b> 177:10 183:1 205:22 206:21 <b>blame</b> 199:17	<b>blitzes</b> 53:18 87:18 <b>bloods</b> 197:18 199:6 <b>blue</b> 25:21,21 <b>board</b> 17:13 21:9 21:12,14 22:25 28:18,22 29:2 42:17,21 43:19 45:15,23 49:8 50:2,7,13,19,25 51:3,12,14,17 70:4 74:11 75:2 77:2,3 77:9 83:11,15,18 127:25,25 129:4 131:4 144:11,12 144:12 150:10 151:1,9 153:17 154:18 163:2,4 <b>bodies</b> 9:6,9,10 <b>body</b> 45:16 <b>bog</b> 51:13 <b>bolivia</b> 195:16 203:24 <b>boranian</b> 2:19 <b>border</b> 118:21 119:3 158:2 168:10 200:20 <b>bottom</b> 23:16 53:16 109:19 <b>box</b> 161:8 <b>brand</b> 201:8 <b>break</b> 12:1,1,2,4 62:15 117:16,23 118:6 162:14 <b>breakdown</b> 64:22 <b>breakdowns</b> 140:16 <b>bridge</b> 156:16 <b>briefly</b> 10:1 15:23 29:3 50:15 182:10 209:4
--	---	--	--

[bring - charting]

Page 6

<b>bring</b> 44:11 108:25 145:12 156:20 171:1,22 200:17 201:10	<b>california</b> 157:12 <b>call</b> 25:8,21 26:6 26:21 55:3 66:9 93:7 114:9 153:10	119:12 120:20 137:18 152:17 164:9 213:6 214:3 215:3	<b>centralized</b> 201:3 <b>certain</b> 144:23 165:13 177:3 207:22
<b>bringing</b> 63:14 84:25 85:4,16 156:24 168:8 175:9 202:7,23	<b>called</b> 7:4 31:20 56:1,5,13 138:7 <b>cambodia</b> 203:7 <b>canton</b> 46:12 147:6,9	<b>cases</b> 8:21,25 9:3 129:25 130:19 143:8 166:6 <b>cash</b> 28:11 164:1	<b>certainly</b> 37:6 45:9 68:7 121:11 131:22 138:21
<b>broke</b> 62:22 <b>brooklyn</b> 8:11 15:22	<b>canvas</b> 22:22 <b>capacity</b> 26:1 <b>caption</b> 211:21 <b>car</b> 124:21	<b>categories</b> 14:18 27:16 55:7,9,21 66:23 148:25 176:7	<b>certificate</b> 4:11 211:1 215:11
<b>brothers</b> 196:6 <b>brought</b> 40:11 63:4 120:5	<b>career</b> 8:19 92:12 <b>carfentanil</b> 37:8 38:8 39:1,10,16,21 39:23 40:5,15 47:11,15,18,20 66:20 107:22 111:11,23 112:4,9 112:11,22 118:18 121:5,8,18,24 122:2 123:21 124:1 158:9 160:5 182:11,16,21 183:2	<b>category</b> 38:9 <b>caught</b> 121:19 <b>cause</b> 56:24 86:4 86:10 88:18 91:15 129:18 143:1,15 144:2 175:23 184:19 185:1 189:7,15 211:12	<b>certification</b> 214:1 215:1 <b>certifications</b> 16:5 <b>certified</b> 7:7 <b>certify</b> 211:8,19 212:1
<b>brown</b> 177:10 183:1 205:22 206:22	<b>car</b> 124:21	<b>caused</b> 56:19 96:2 143:6 191:17 193:3,8 194:7,15	<b>chain</b> 160:12 170:23
<b>buck</b> 85:13,19 88:3	<b>carfentanil</b> 37:8 38:8 39:1,10,16,21 39:23 40:5,15 47:11,15,18,20 66:20 107:22 111:11,23 112:4,9 112:11,22 118:18 121:5,8,18,24 122:2 123:21 124:1 158:9 160:5 182:11,16,21 183:2	<b>causes</b> 89:2 142:23	<b>change</b> 154:15 155:4 163:18,19 213:13,14 215:8 216:3
<b>budget</b> 17:9 23:8 28:20 49:21 51:5 54:14 55:6 162:22 163:18 172:15	<b>caro</b> 201:2,6,15	<b>causing</b> 40:25 47:12 77:20 85:22 90:24 111:23 118:19 119:24 130:3 158:6,18 175:10 185:10	<b>changed</b> 64:5 97:16 157:19,22 176:9
<b>budgeted</b> 23:7	<b>carrier</b> 120:5	<b>cell</b> 19:10,11	<b>changes</b> 154:13 163:8 213:12 214:7 215:7,9
<b>budgets</b> 22:8 51:6 163:19	<b>carry</b> 45:17	<b>cellphone</b> 25:1,2	<b>changing</b> 156:10
<b>bulk</b> 85:17	<b>cars</b> 196:17	<b>center</b> 19:4 24:21 41:15 42:23 70:6 70:11 72:2 80:2 80:10 114:5 149:25 175:16	<b>chapo</b> 202:1
<b>bullets</b> 150:1	<b>cartel</b> 119:11,20 196:6,7 198:19,19 198:25,25 199:13 200:1 201:13,25	<b>centered</b> 133:22	<b>charge</b> 29:8 32:8 46:3,6,8 99:20 155:15 162:24 170:13
<b>bunch</b> 21:19	<b>cartels</b> 196:3 197:5,11 202:5	<b>centralize</b> 201:15	<b>chart</b> 20:16 21:15 23:16 32:23 50:10 52:21 100:5 139:18,21 150:17 150:18
<b>burbank</b> 157:12	<b>case</b> 1:8,15 13:5 13:17 14:14,20 15:17 19:3,7 24:24 40:15 66:5 83:8 89:14,23		<b>charting</b> 25:4
<b>bureau</b> 46:15			
<b>burling</b> 2:7 7:9 8:2			
<b>burma</b> 203:8			
<b>business</b> 15:13 80:5 91:11 128:8			
<b>buying</b> 25:11,23			
<b>c</b>			
<b>ca</b> 2:15,21 3:6 213:25			
<b>cali</b> 196:3,6 197:5 197:10 198:19,25			

## [charts - complaint]

Page 7

<b>charts</b> 140:6 150:4 <b>check</b> 72:5,8 100:21 120:21 144:1 161:9 181:25 <b>checking</b> 99:17 144:2 152:8 <b>chicago</b> 119:2 <b>chief</b> 31:19 32:4 <b>chiefs</b> 46:11 <b>china</b> 40:9 120:2,3 120:7,11,14 121:7 181:13 <b>choose</b> 186:17 <b>chose</b> 204:17 <b>cincinnati</b> 46:4 200:23 <b>circle</b> 25:17 <b>circumstances</b> 125:11 <b>cities</b> 146:25 147:5 170:5 200:21,22 <b>city</b> 14:6,7 16:17 58:12 59:4 73:10 73:19 76:22,22 170:15 <b>citycenter</b> 2:9 <b>civil</b> 210:3,7 214:5 215:5 <b>clarify</b> 73:6 <b>classes</b> 23:3 <b>clear</b> 27:12 73:15 178:22 <b>cleveland</b> 1:23 2:4 14:6 29:8 32:8 46:4,11 58:10,13 76:23 83:10 108:20 147:6,9,11 167:10,14,20,21 167:25 168:1,13 170:16 171:21	198:7 200:22 212:7 213:2 <b>climate</b> 57:11 <b>clinics</b> 67:22 <b>close</b> 25:16 <b>closely</b> 96:15 <b>cocaine</b> 37:14 46:24 47:8,9,21 48:15 56:19 71:24 90:11,14,17,24 91:2,5,16,20 92:7 93:2 94:7 97:20 97:24 104:11,12 105:6 106:25 107:3,9 109:25,25 110:1,12,12,16,21 111:2,3,8 125:2 158:1,5 159:11 178:10,14 179:3 179:16,21,24,25 180:9 183:2 193:17,17 194:14 195:7,14,18,25,25 196:8,21 197:4,10 197:15,16,22 198:10 199:7 202:6,8,23 203:15 <b>code</b> 140:1 <b>collar</b> 8:24 30:22 31:5,15 <b>collect</b> 33:13 <b>college</b> 16:1 30:6,8 <b>columbia</b> 195:16 196:8 203:24 <b>columbian</b> 178:10 178:14 179:16,21 197:3,9,15,21 202:5,6,8 <b>columbus</b> 15:20 22:3 46:12	<b>column</b> 105:12 115:24 <b>com</b> 170:9 172:4 192:11 <b>combat</b> 84:14,16 84:18 90:1 134:19 135:2 175:22 <b>combination</b> 57:12 123:13 <b>combined</b> 92:19 167:6 <b>come</b> 18:24 19:8 21:8 33:15 49:3 51:16 55:9 65:13 74:17 80:20 103:19 118:24 119:25 126:4 131:17 132:16 150:7 152:24 166:25 205:16 <b>comes</b> 19:14,14 32:22,25 33:23 35:2 119:8 171:12 205:25 <b>comfortable</b> 137:5 137:9 <b>coming</b> 36:7 40:6 40:9 41:2 48:7 66:22 67:13 87:15 87:24 118:20,25 119:19 120:25 121:6 124:2 132:3 132:11 134:3 157:12 166:12 204:25 <b>command</b> 170:23 <b>commander</b> 27:8 <b>commanders</b> 22:23 34:19 77:4 77:6 80:21 81:18 103:21 114:20	115:19 119:9 <b>commission</b> 212:17 214:19 215:25 216:25 <b>commissioned</b> 211:8 <b>commit</b> 130:21 <b>committee</b> 41:8 53:12 169:9,25 170:2,22 171:1,17 171:24 172:10 173:5,12 174:23 189:5 191:4 <b>committees</b> 50:18 <b>common</b> 48:19 125:20 <b>commonly</b> 106:15 106:19 <b>communities</b> 36:13 85:1,5 86:24 89:9 95:22 <b>community</b> 5:12 36:16 59:6 86:1 108:6,21 109:4,6 109:10,14 140:20 147:25 168:10 <b>companies</b> 3:3 14:8,16 39:17 122:24 128:2,3 130:24 142:16 207:22 <b>company</b> 40:14 <b>compare</b> 28:10 74:19 97:11 105:4 <b>comparison</b> 99:2 <b>compile</b> 32:24 149:5 <b>compiler</b> 32:20 <b>complaint</b> 13:4 14:12
---	---	---	--

[complete - correctly]

Page 8

<b>complete</b> 12:7 70:22 <b>completed</b> 22:8 211:22 213:15 <b>completely</b> 92:15 <b>complying</b> 17:13 <b>component</b> 147:10 <b>comprise</b> 86:9 <b>comprised</b> 22:2 23:1 58:11 59:3 85:1 <b>comprises</b> 34:25 <b>compromised</b> 36:24 <b>concerned</b> 143:22 174:3,11,19 <b>concluded</b> 209:22 <b>conclusion</b> 100:2,2 101:9,25 <b>conduct</b> 18:12 59:7 156:2 165:10 193:2,7 <b>conducted</b> 193:12 <b>conference</b> 108:19 134:21 <b>conflict</b> 26:12 <b>conflicting</b> 150:18 <b>confusing</b> 10:23 <b>congress</b> 54:14 55:5 <b>congressional</b> 140:6 <b>connection</b> 148:10 <b>connections</b> 25:5 <b>consider</b> 32:16,19 32:20 52:6 <b>considered</b> 36:25 37:5 <b>considering</b> 165:2 <b>consistent</b> 110:7 110:11,17 116:13	<b>consistently</b> 84:13 <b>consists</b> 146:25 <b>constitutes</b> 35:11 <b>construction</b> 30:12 <b>contact</b> 23:5 26:12 49:3 <b>contained</b> 91:24 148:25 <b>continue</b> 20:23 43:5,6,17,18 109:13 <b>continued</b> 3:1 97:7 <b>continuous</b> 153:24 <b>contrast</b> 38:25 <b>contribute</b> 100:7 <b>contributed</b> 111:11 144:18,22 144:24 148:6 191:24 204:6 <b>contributing</b> 111:14,15,17,20 122:18 <b>contributor</b> 143:2 143:11,15 144:3 <b>contributors</b> 142:23 143:21 <b>control</b> 10:7 17:14 17:25 18:12 27:13 41:7 53:24 175:16 176:3 <b>controlled</b> 27:7 125:16,17 <b>controlling</b> 155:14 <b>controls</b> 127:20 <b>convenes</b> 41:8 <b>conversation</b> 36:2 63:7,18 160:20 165:17,20 <b>conversations</b> 48:17 63:14 64:5	135:14 141:4 153:14 159:3 <b>conversely</b> 11:4 163:12 <b>cook</b> 197:15 <b>cooking</b> 197:22 <b>coordinate</b> 134:5 140:11 <b>coordinating</b> 86:2 86:18,19 <b>coordination</b> 21:18 22:1,12 133:12 134:8 <b>coordinator</b> 22:6 34:20 45:20 103:22 104:9 152:13,22 <b>copies</b> 83:18 <b>copy</b> 83:15 <b>core</b> 34:16 153:10 153:12 163:22 <b>corner</b> 165:16 <b>coroner</b> 64:13,17 90:23 <b>coroner's</b> 48:24 162:6 <b>coroners</b> 71:20 114:22 <b>corporate</b> 147:2 <b>corporation</b> 2:7 2:17 <b>correct</b> 16:14,23 20:17 21:20 23:12 24:4 28:4 38:15 38:20 39:3 40:21 47:22,23 48:15 50:13,14 51:21,22 58:24 63:2 64:15 64:16 67:2 69:25 74:22 75:14 76:2 76:3,19,25 77:13	79:17,21 84:15 86:5,11 88:8 89:3 95:14 98:9,13,14 98:18,19 99:20 104:13,14,16,17 104:19,20,22,23 105:1,2,14,15,17 105:18 106:25 107:4 110:4,5,13 113:1,2 117:16,17 119:22 122:25 123:1 130:25 131:16 135:6,7 143:12,23 153:6 158:7,20,24,25 161:17 166:13 170:16,17 171:9 171:10,13,14,17 171:18 172:8 174:1,7 175:19,20 175:25 176:19 179:17,22 180:3,4 180:23 182:9,17 184:12,13 185:18 185:19,24 186:12 186:13 188:1 195:4 196:10,11 196:14,18,22,23 196:25 197:1,5,6 197:12,16 198:3 200:1,9 201:22,23 202:3,9 203:6,9,12 203:21,24 204:3 206:1 207:13 209:8 211:17 <b>correction</b> 35:25 <b>corrections</b> 213:12 215:17 <b>correctly</b> 22:11 27:17 49:14 99:14
--	--	--	--



[cost - dc]

Page 9

<b>cost</b> 193:11 <b>costing</b> 64:2 <b>costs</b> 56:15 194:19 194:23,25 195:3 <b>cough</b> 206:10 <b>counsel</b> 2:18 11:19 11:20,22 210:1,10 212:2 <b>counter</b> 48:22 <b>counteract</b> 91:20 <b>counterfeit</b> 122:5 122:8,25 123:22 <b>counterpart</b> 133:19 <b>counties</b> 14:7 18:3 18:5 21:7 23:24 23:25 24:1,2,10 36:6 41:9 46:14 54:17,19,20,23 57:25 58:1 68:23 96:17 97:9 194:8 194:15 198:5 201:21 <b>countries</b> 120:13 123:5 <b>country</b> 43:10 55:10 147:5 196:17,18 199:7 204:24 <b>county</b> 1:13 18:4,5 21:1,4,6 23:21 24:3,3,6,7 33:3 42:7,8,16 48:18 57:22,23 58:3,5,10 59:4 65:3,6,6,9 66:5,5 68:16,17,24 68:24 71:19 72:13 76:21,22 78:8,9 83:9,9 87:17 89:25,25 95:20 96:7,7,12,13 109:4	110:4 114:22 116:9 139:25 161:4 162:5 167:3 167:3,13,18,21 168:14,14 170:15 193:3,4,9 194:1,4 198:6 211:4 214:10 215:15 <b>couple</b> 30:9 78:10 151:8 169:7 <b>court</b> 1:1 4:14 7:2 10:14,19 11:8,16 13:19 19:16 214:7 <b>cov.com</b> 2:11,11 <b>cover</b> 108:17 169:7 <b>covers</b> 46:7,8,9,10 190:10 201:22 <b>covington</b> 2:7 7:9 8:2 <b>crack</b> 37:20 179:24 180:9 193:17 194:14 197:15,22 198:9 199:6 <b>create</b> 148:2 185:9 185:16 <b>created</b> 138:20,23 141:12 175:7 <b>creating</b> 111:18 185:8 209:11 <b>creation</b> 145:20 <b>crescent</b> 203:19 <b>crime</b> 8:24 30:23 84:15 125:8,12 <b>crimes</b> 21:6 31:8 31:16 32:5 <b>criminal</b> 19:4 29:16,21 42:24 43:1 46:15 143:19 176:22	<b>crips</b> 197:18 199:6 <b>crisis</b> 5:12 108:5 108:20 109:2 191:18,24 <b>criteria</b> 41:10 115:2 151:23 163:3 <b>criteria</b> s 41:14 <b>crush</b> 116:7 187:4 187:8,13 <b>crushed</b> 186:9 <b>crushing</b> 116:17 116:22 <b>current</b> 36:9 45:7 115:10 <b>currently</b> 15:21 16:8,22 20:24 23:21 44:6 <b>custody</b> 4:13 <b>cuyahoga</b> 1:13 24:3,6 46:14 48:18 57:23 58:3 58:10 65:3,9 66:5 68:16 76:22 78:9 83:9 89:25 96:7 96:13 109:4 110:3 116:9 160:16 161:6 162:5 167:3 167:13,18,21 168:2,14 170:14 193:3,8 194:1 211:4 <b>cvs</b> 169:16 184:25 185:17 186:3 187:12 188:16,21 189:17 191:8 192:17,22 193:7 193:13 198:23 199:5 202:14,20 206:14	<b>d</b> <b>d</b> 8:6 <b>d.c.</b> 9:15 32:1 <b>daily</b> 27:8 <b>dan</b> 1:10 <b>dangerous</b> 75:21 76:9 79:9 <b>data</b> 19:11 32:24 33:19,21,22 34:4 34:10,13,15,23,25 35:2,9 36:4 71:18 71:18 74:20 103:10,16,19 107:13 114:18 115:12 132:12,19 133:2 138:5,8,12 139:15 142:3 150:5 152:12 161:7,7,12 162:1,3 162:4,4,8 163:21 166:22 194:3 <b>database</b> 72:5 104:3,4,7 137:25 138:3 <b>date</b> 150:19 210:11 213:8 214:3,9,19 215:3 215:13,25 216:20 216:25 <b>dates</b> 77:24 <b>day</b> 2:13 7:11 13:20,21 17:8,8 22:14,14 25:19 28:2,2 155:14,14 155:16 169:6 208:2,9 212:7 214:16 215:22 216:22 <b>days</b> 213:18 <b>dc</b> 2:10 9:25
---	---	---	--

[dea - develop]

Page 10

<b>dea</b> 25:22 46:7 59:25 60:9 71:20 137:20 138:3,11 142:20 167:9,14 167:14,19,22 168:2 170:14 171:20 192:19 208:1 209:10,15 <b>deal</b> 15:12 49:2 80:12 123:8 129:25 130:1 179:3,16 <b>dealer</b> 35:15 56:20 110:20,23 165:16 165:16 <b>dealers</b> 26:24 85:16 123:20 124:3 129:13 148:3 177:9 178:1 178:14 182:2,25 <b>dealing</b> 9:13 23:4 88:6 <b>deals</b> 129:24 <b>dealt</b> 31:21 <b>dear</b> 213:10 <b>death</b> 56:5,7,17 57:7,14,22 87:2 88:12,21 89:10 110:3 156:6,11 184:20 185:1,10 189:6,7,14,15 207:13 <b>deaths</b> 56:12,24 57:2 88:19 109:23 109:24 110:8 122:2 173:15 174:4,12,20 182:7 190:8,14,17,19 197:9 204:7 205:18 206:4	<b>decades</b> 195:20 203:11 <b>december</b> 13:22 <b>decide</b> 28:16 50:22 163:4 187:18 <b>decided</b> 30:12 <b>decides</b> 81:19 <b>deciding</b> 22:19 49:25 162:24 <b>decision</b> 28:19 89:4 137:5,10 <b>decisions</b> 27:13 56:22 <b>deconfliction</b> 25:8 25:10 26:5,7 49:16 164:2 <b>decrease</b> 71:8 98:24 100:7 101:9 101:19 102:10 <b>decreased</b> 98:5,23 102:6 <b>decreasing</b> 98:3 100:10,11 101:13 101:15 <b>deed</b> 214:14 215:20 <b>deem</b> 18:8 <b>deemed</b> 80:22 213:19 <b>defeat</b> 116:7 <b>defendant</b> 2:6 130:15 <b>defendants</b> 2:18 14:14,18 15:16 39:18 40:14 89:14 89:16 119:12 137:18 <b>define</b> 122:8 <b>defining</b> 140:19 <b>definition</b> 36:23 37:2,24 101:17	126:19 <b>degree</b> 30:14 165:5 <b>delegate</b> 49:19 <b>deliverables</b> 27:24 <b>delivered</b> 137:19 <b>delivery</b> 210:9,11 <b>demarcation</b> 64:4 <b>denial</b> 142:7 <b>densely</b> 12:12 <b>department</b> 33:3 58:13 59:5 71:19 72:15 114:22 115:21 157:6 162:12 213:22 <b>departments</b> 70:3 70:12,13,22 87:17 87:17 153:16 <b>depend</b> 124:19 152:15 <b>dependent</b> 147:14 152:18 <b>depending</b> 25:16 54:18 <b>depends</b> 55:4 107:5 125:13 <b>deposed</b> 7:7 10:13 <b>deposition</b> 1:18 8:13 10:12,15 12:10,12,15,17,24 13:10,17,25 19:20 60:17 69:3 102:25 108:4 113:15 138:25 145:22 209:22 211:20 213:8,11 214:1,3 215:1,3 <b>depressant</b> 91:21 <b>depressing</b> 91:20 <b>depression</b> 147:15	<b>deputy</b> 22:3 45:19 74:9 150:7 <b>derek</b> 1:19 4:7 7:4 7:13,21 8:6 169:1 211:9 213:8 214:4 214:9 215:4,13 216:20 <b>derivative</b> 179:24 201:7 <b>describe</b> 15:23 36:22 47:3 48:11 166:21 189:13 193:21 <b>described</b> 181:12 184:11,12 <b>describes</b> 69:18 <b>description</b> 5:2 150:1 170:8 <b>designate</b> 41:8,11 <b>designated</b> 18:3,4 41:5 42:16 43:3 <b>designation</b> 42:23 <b>desperate</b> 147:13 <b>details</b> 48:12 102:22,23 123:11 <b>detecting</b> 99:19 <b>determination</b> 89:5 106:10 173:7 <b>determinations</b> 50:20 <b>determine</b> 49:22 59:13 70:17 71:9 77:24 132:16 134:14 143:5 <b>determined</b> 54:10 189:8,15 <b>determines</b> 175:22 <b>determining</b> 41:11 <b>detroit</b> 31:3 <b>develop</b> 174:25
--	---	--	---

[developed - dosage]

Page 11

<b>developed</b> 200:16	188:9 189:2	130:15	143:14 144:2
<b>developing</b> 199:6	206:12	<b>distributors</b> 14:19	187:22 189:11,19
<b>development</b>	<b>directors</b> 133:18	14:24 15:6 119:13	192:18
197:19	158:4	128:4 158:13	<b>doctor's</b> 137:5,10
<b>died</b> 178:7 179:20	<b>discretionary</b> 5:5	<b>district</b> 1:2 13:19	188:13,24
182:7 197:8	55:3,15,18 60:18	21:13 27:1,2 46:1	<b>doctors</b> 15:7 99:18
198:12	61:1 87:1 88:10	46:2,5 175:24	100:20 131:3
<b>difference</b> 14:22	<b>discuss</b> 10:2 36:19	<b>districts</b> 26:25	136:23 142:25
15:2 43:9,25 84:7	51:6 148:14	140:7	144:13 187:20
<b>differences</b> 14:23	152:23 171:23	<b>diversion</b> 59:20,22	<b>document</b> 1:12
71:10 96:6	172:11 173:6	60:6 61:13 75:24	13:2 19:17 20:2
<b>different</b> 14:18	<b>discussed</b> 108:24	76:17,24 79:7	53:1 60:15,23,25
25:15 36:13 48:25	161:18 172:8,9,24	82:11,12,16,17,22	61:7,8 69:1,9,13
50:11 55:7,21	173:14,16 187:1	99:19 101:6 125:7	103:9,13,15
66:21 71:21 74:24	198:6	125:7,12 126:1,6	108:12,14,16
74:25 77:25 84:11	<b>discussion</b> 36:19	126:25 127:1	109:17 113:22,24
87:16 92:7,15	<b>discussions</b> 186:16	128:1,13,21 129:3	115:9,10 117:6
95:18,19 97:13,15	188:7 191:2	129:18 130:16,21	139:8 146:7,15
97:19 100:20	<b>dismantle</b> 85:14	131:3,8,24 134:19	150:22 153:20
109:20 114:14	<b>dismantled</b> 44:14	135:2,5,9,19,24	<b>documents</b> 12:11
115:7,8 120:1	135:16 163:25	136:2 140:18	12:13,23 24:15
134:4 140:7 154:6	<b>dismantlements</b>	143:15,17 144:1	43:15 77:23
155:4,9 159:10	153:11	144:14 161:15	103:12 115:15
163:5 199:18	<b>dispensed</b> 39:17	<b>diverted</b> 82:8,13	138:6 161:23
<b>differently</b> 129:1	100:3 102:11	99:24 113:11	171:7
164:8	137:19	125:21 128:18	<b>doing</b> 25:12,18,23
<b>difficult</b> 136:2,14	<b>dispose</b> 207:22,24	130:3 131:13,19	42:9 49:16 63:8
<b>direct</b> 28:2 116:23	208:17 209:1	133:6,14 143:10	78:16,18 80:3,6,17
155:20	<b>disrupt</b> 85:15	161:10,14	80:25 81:2,3,6
<b>directed</b> 89:20	<b>disrupted</b> 163:25	<b>diverters</b> 130:25	109:9,10 114:24
113:6,12 193:12	<b>distinction</b> 84:3	<b>diverting</b> 125:14	114:24 136:5
<b>directly</b> 40:9	<b>distribute</b> 39:2	130:9	154:11,25 155:1
51:19 77:5	<b>distributed</b> 39:16	<b>divided</b> 172:16	165:21,21
<b>director</b> 16:23	192:23 196:16	<b>division</b> 1:3 28:14	<b>dollar</b> 28:14
17:1,7 22:3 29:5	<b>distributing</b>	30:22 31:4,15	201:11
32:15 45:19 61:9	197:23 200:21	46:4	<b>dollars</b> 167:7
74:9 75:1 116:15	<b>distribution</b> 41:16	<b>doctor</b> 89:21 96:3	183:11,18,23
117:19 128:8	140:2 147:16	100:18,21 113:7	184:1
133:21 146:11	196:9	113:12 116:23	<b>dosage</b> 105:21,21
164:16 173:13	<b>distributor</b> 2:6,17	117:13,22 126:2	105:22 188:13,23
176:24 178:6	2:18 128:24	129:15 137:20	189:10,18

[doses - eight]

Page 12

<b>doses</b> 99:11 100:3 100:3 102:11 <b>double</b> 120:21 <b>doubt</b> 33:5 76:5 81:9 118:2 <b>doubtful</b> 177:25 <b>downturn</b> 147:23 148:6 <b>downturns</b> 148:2 <b>dozen</b> 177:13 180:11 182:18 <b>dozens</b> 179:6 180:25 181:21 <b>draft</b> 74:8 149:18 151:7,13 175:18 <b>drafting</b> 151:16 <b>drafts</b> 149:18 <b>draw</b> 101:24,24 <b>drawing</b> 26:2 <b>driving</b> 92:4 97:23 107:23 109:22 110:8 112:25 196:17 200:19 <b>drug</b> 2:17 5:3,14 5:15 8:25 9:24 10:7,8 16:9,13 17:14,21,23,24 18:8,20 19:21 21:4 26:22,23,24 27:2 29:24 30:3 30:24 32:16,17,17 34:1,17 35:6,11,14 35:15 36:5,5 41:5 41:7,15,21 42:24 44:14,22,22,23 45:4 47:11 49:3 53:20,23 56:20 58:5,6 59:3,7,9,13 59:25 61:20 62:10 69:19 70:15 71:8 71:8 75:9 76:9	79:9,16 80:1,9,13 80:13,15 84:8,14 84:16,18,22 85:8 85:20 86:21 88:18 89:13 90:6,19 92:7,8 93:11,17,21 94:4,12,22 95:5,13 96:8,21 97:2,10,11 98:12,17 102:12 102:17 103:16 106:15 110:2,20 111:25 112:20 113:16,17 114:3,4 114:6,10 116:1,4,6 116:10,24 117:10 118:25 119:5,19 120:16,25 121:9 121:15 123:4,7,17 123:20 124:12,19 124:22 129:11,13 130:3,4 132:16,22 136:12,13,25 140:2,17 143:19 144:25 145:14,18 147:17 148:3 153:11 156:14 157:9,10 158:16 159:10 161:9 163:22,25 164:17 165:4 166:2,9 167:8 168:8 175:1 175:8,13,16 176:3 176:13 177:9 178:17 179:2,15 179:21 180:7,21 181:14,17 182:14 182:24,25 183:12 183:19 200:15,16 201:3 202:16,22 206:23 207:16 208:20,25	<b>drug's</b> 116:8 <b>drugs</b> 25:12,12,22 25:23 28:12 30:2 35:20 37:4 38:3 38:10 39:22 45:3 48:19,23,25 57:3 58:16,17 59:10,13 66:18 67:1,2,6 69:20,21 70:15 71:4,21 75:21 77:16 84:25 85:5 85:17,22 87:24 88:7 90:8 91:4 92:16,19,19,22,23 93:4,7,8 95:2,24 96:2 97:4,16,18,23 100:16 101:13 102:19 103:18 104:11,21 105:14 105:17,24 107:2 107:11 111:10,22 112:16,25 117:20 119:4 122:9 124:3 124:6 125:21 130:9 131:12,19 133:10,14 135:24 136:7,8,15 138:4 143:7 144:9 147:16 148:7,13 148:13 150:16 158:18 160:6 162:3 164:18,20 164:22 166:10,15 168:9 175:9 180:16 182:21 183:13 193:16,25 194:13 199:19 <b>dtos</b> 153:11 <b>due</b> 98:25 147:2 149:10	<b>duly</b> 7:6 211:7,10 <b>duplication</b> 26:14 <b>dying</b> 63:22 <b>e</b> <b>e</b> 8:6,6,7,7 <b>ear</b> 206:10 <b>earlier</b> 25:1 45:8 71:15 77:10 120:20 125:7 134:22 141:12 143:10,20 158:21 169:19 170:8 172:24 175:12 181:12 184:12 186:7 189:21 198:6 199:16 205:21 208:3 <b>early</b> 82:3 90:25 195:23 196:1 202:11 203:15 204:2,7 <b>easier</b> 201:9 <b>east</b> 203:20 <b>eastern</b> 1:3 <b>easy</b> 136:2 <b>economic</b> 147:15 147:23 148:1,6 <b>ecstasy</b> 193:18 194:14 <b>ectasy</b> 183:3 <b>education</b> 16:2 55:24 56:1 <b>educational</b> 15:24 <b>effect</b> 10:18 <b>efficiently</b> 22:9 <b>effort</b> 26:15 56:14 150:6 <b>efforts</b> 55:8,23 56:3 88:17 133:4 <b>eight</b> 187:23
--	---	---	--

<b>either</b> 25:11 27:7 32:25 40:9 42:18 53:11 63:17 97:7 101:9 122:9 154:8 186:10 187:14 188:21 189:16 204:17 212:2 <b>el</b> 72:1 202:1 <b>elects</b> 187:24 <b>else's</b> 164:4 <b>email</b> 64:20 213:17 <b>embarcadero</b> 2:14 <b>emerged</b> 94:1 <b>emerges</b> 172:6 <b>emerging</b> 55:8 91:3 173:2 <b>employed</b> 16:8 73:18 <b>employee</b> 16:16 73:5,8,9,14,16 126:12 <b>employees</b> 18:25 66:4 73:10,11 <b>employers</b> 147:7 <b>employment</b> 32:14 <b>ems</b> 194:19 <b>enclosed</b> 213:11 <b>encompass</b> 23:20 178:18 <b>encompassing</b> 158:3 <b>endo</b> 3:2,2 7:17 <b>ends</b> 144:21 149:12 <b>enforce</b> 174:25 <b>enforcement</b> 8:20 9:24 10:8 13:8 15:13 18:19 22:24 23:1,4,18 25:10,18 26:4 30:1 41:20	42:5 44:12 51:21 51:24 52:1,5,10 53:8,9 58:5,8,11 60:1 80:22 81:13 81:16 83:23 86:3 92:12 107:10 109:1 112:19 117:11 127:7,15 130:23 132:15 133:1 134:13 135:1,23 136:1,13 137:4 141:23,24 142:9 145:10 152:10 153:16 157:7 159:4 167:8 169:20 170:4,11 173:3,14,19,20 174:7,17,24 175:4 175:13 177:8 178:12 179:1 180:19 184:18,24 185:7,15 188:8 194:22 198:15 202:19 206:12,19 <b>engage</b> 129:3 <b>engaged</b> 128:20 129:18 130:16 131:3 143:14 144:14 <b>english</b> 74:15 <b>ensure</b> 49:10 <b>entered</b> 26:8 152:13 215:9 <b>entire</b> 5:12 51:16 78:17 108:6,21 183:8 214:5 215:5 <b>entities</b> 134:13 144:18 <b>entitled</b> 82:20 108:20	<b>entity</b> 199:25 <b>epic</b> 72:1,5 <b>epidemic</b> 45:10 46:18 47:1 48:6 65:17,20,24 66:8 66:13,19,25 67:5,8 77:11 84:2 86:8 87:5 90:1 107:17 107:23 109:20 111:12,14 112:4 112:11 142:23 143:2 <b>equally</b> 45:3 <b>equivalent</b> 114:8 <b>errata</b> 213:13,18 215:7,10,18 216:1 <b>escobar</b> 196:5 199:25 201:16 <b>especially</b> 75:25 82:23 <b>esq</b> 2:3,8,8,14,19 3:5,10 <b>establish</b> 80:23 <b>estimate</b> 184:5 190:22,23,24 <b>et</b> 1:13,14 <b>evaluate</b> 136:24 <b>evaluating</b> 166:1 <b>event</b> 25:9 145:17 212:3 <b>eventually</b> 74:10 150:9 151:8 153:17 <b>everybody</b> 23:9 83:22 <b>evidence</b> 91:8 191:14,20 198:17 198:22 199:3 202:13 206:13 <b>ex</b> 170:9 172:4 192:11	<b>exact</b> 37:1 77:24 <b>exactly</b> 13:21 178:22 190:2 199:17 <b>examination</b> 4:7 7:5,21 169:1 <b>examiner</b> 48:18 112:2 <b>examiner's</b> 65:4 122:3 <b>examiners</b> 33:4 71:20 72:14 <b>example</b> 171:20 173:1 174:16 187:22 192:15,21 <b>exceeded</b> 188:13 188:24 <b>excess</b> 207:24 208:12 <b>exchange</b> 109:12 <b>exclusively</b> 167:15 <b>excuse</b> 206:9 <b>executed</b> 215:10 <b>execution</b> 214:14 215:19 <b>executive</b> 16:22 17:1,7,12 21:11,14 22:4,25 28:18 29:1,5 32:15 42:17,21 43:19 45:14,23 49:8 50:2,12,19,25 53:12 70:4 74:11 75:2 77:1,3,9 83:11,14,17 116:15 117:19 150:25 151:9 154:18 163:2,4 169:9,25 170:2,22 171:1,17,23 172:10,20 173:5
---	---	--	---



173:12 174:22 176:23 178:6 189:2,4 191:4 <b>exhibit</b> 4:13 5:3,5 5:8,10,12,14,17,18 19:17,20 33:10 50:9 52:12 60:14 60:17 68:25 69:3 75:5,19 79:10 82:6,20 98:6 102:25 103:6 108:4,11 113:15 113:22 115:23 117:3 138:25 139:5 145:22 146:4 148:23 <b>exhibits</b> 4:5,14 5:1 <b>exist</b> 172:14 <b>existed</b> 203:10 <b>existing</b> 42:18,18 <b>expanding</b> 74:16 <b>expect</b> 45:10 <b>expectation</b> 170:21 <b>experience</b> 45:9 48:20 85:24 99:22 110:18,22 112:18 127:6 128:21 135:22,25 137:8 137:12 169:19 186:15 195:10 198:15 206:11 <b>experienced</b> 52:1 86:3,9 96:10 <b>experiencing</b> 87:20 129:20 140:20 <b>expert</b> 32:19 <b>expertise</b> 32:16 172:4 188:4	<b>expiration</b> 214:19 215:25 216:25 <b>expires</b> 212:17 <b>explain</b> 46:19 50:15 <b>exposed</b> 204:20 <b>extent</b> 112:13 113:3 117:14 128:14 143:16 152:15,18,21 <b>extra</b> 161:20  <b>f</b>  <b>f</b> 2:8,12 <b>facilitate</b> 36:18 <b>facilitated</b> 143:17 144:1 <b>facing</b> 5:12 46:25 108:5,21 <b>fact</b> 109:25 136:10 204:4 <b>factors</b> 164:11 165:2 166:1,18 <b>failing</b> 144:13 <b>fair</b> 27:21 33:12 33:25 36:11 42:22 45:1 51:23 59:8 66:12 70:20 72:6 75:16 77:15 78:24 81:25 83:2 85:18 86:18 87:23 88:16 100:25 106:13 107:21 113:9 119:21 121:18 123:18,19 124:4 124:17 128:2 136:23 140:14 148:5 151:6 155:17 160:3 171:4,5 172:1,3 173:9 174:2,23 181:15 183:5,10	183:16,22 190:12 190:16 194:6 195:16 196:3,13 197:11,25 198:1 199:24 200:7,23 200:25 201:11 203:2 205:19 208:15 <b>fairfield</b> 21:6 42:7 <b>faking</b> 126:8 <b>fall</b> 167:24 <b>familiar</b> 15:10 33:21,22 34:1,4 35:21,22 36:4 62:11 108:13 125:25 128:8 137:24 138:1 141:8 145:2 146:13 169:11 207:5,8,21 209:9 <b>familiarity</b> 61:5 <b>far</b> 14:1 15:2 17:9 34:7 35:12 37:25 43:8 47:16 54:12 69:11 110:23 114:17 119:17 121:21 122:23 123:9 125:8 133:9 134:23 143:22 148:24 150:12 152:1 161:6 163:9 163:22 166:7 178:10 <b>fbi</b> 16:7 25:23 29:8 29:16,22 30:7,14 30:15,18,19 31:10 31:18 32:5 46:3 58:12 170:14 195:11 <b>fear</b> 91:23	<b>federal</b> 17:23 41:14,17,18 42:25 44:11 51:20,24 52:9 53:22 54:10 54:24 70:14 73:21 80:11 84:14 152:3 161:2 163:1 170:4 172:12 176:2 182:24 <b>feel</b> 137:3,4,9 160:10 <b>felix</b> 201:1,14 <b>felony</b> 157:7 <b>felt</b> 157:25 <b>fentanyl</b> 36:24 37:7 38:7 39:1,13 39:15,21 40:18,19 40:20,24 41:1,1 46:24,24 47:8,10 47:20,24 48:5,7,8 48:12,15 56:19 57:6,11,12 66:20 66:22 90:3,24 91:24 93:19,20 94:1,3 96:23 97:20,22 98:11,16 107:22 109:21,24 110:2,7,12,17 111:1,6,11,23 112:3,8,10,22 118:18 119:24 120:8,22,23,25 121:23 122:13,16 123:21 124:1 158:9 160:5 181:11,12,19 182:3,8 183:3 <b>fewer</b> 100:16 <b>fiduciary</b> 16:18 73:12
--	--	---	--

<b>fight</b> 41:19,21 176:13 <b>figueroa</b> 3:5 <b>figured</b> 197:14 <b>filed</b> 14:6 50:1 <b>filled</b> 189:8,16 192:17 <b>final</b> 28:18 135:15 151:1,13 154:16 171:18 <b>finalized</b> 151:4 <b>finally</b> 11:25 <b>financial</b> 22:4 31:12 32:5 45:19 <b>find</b> 35:23,25 48:23,25 56:23 57:1 81:5 123:12 132:18 160:24 171:24 205:9 213:11 <b>fine</b> 118:8,9 <b>finish</b> 16:20 <b>firm</b> 8:2 30:9 <b>first</b> 7:6 10:14 13:16 17:3 23:14 30:16 31:5 77:19 78:10 80:3,4,18 117:8 121:9,10,25 190:5 194:20 211:10 <b>fit</b> 80:22 86:15 <b>fits</b> 23:7 <b>five</b> 24:9 35:12 85:2 103:17 104:10,16 109:21 134:1 146:25 163:14 <b>fka</b> 3:3 <b>flahive</b> 2:8 <b>floor</b> 3:6	<b>florida</b> 132:6 144:24 145:3 196:9 <b>flow</b> 133:5 153:24 <b>flows</b> 132:9 <b>focal</b> 148:22 <b>focus</b> 57:4 58:14 59:8 85:7,10 88:17,25 158:16 <b>focused</b> 45:3 <b>folks</b> 171:15 186:16 <b>follow</b> 149:3 <b>following</b> 31:23 <b>follows</b> 7:7 <b>footnoted</b> 74:18 <b>force</b> 21:5 22:22 27:7,8 28:9,17 30:1 34:18 42:17 42:19 43:24 44:20 44:23,25 53:20 57:5 58:5,6,8,9,15 58:20,24 59:2,3,9 60:12 61:4,6,14 62:10 77:4,6 80:21 81:18 86:24 103:21 114:20 115:19 119:9 154:2 163:9,14 166:21 167:6,9,16 167:17,20,23 168:2 170:7 173:4 173:7 184:11 185:8,9,17 <b>forces</b> 17:11 18:2 18:8,19 19:7,15 21:1 22:9 26:19 26:22,22 28:25 45:11 47:17 56:10 59:17 60:10 66:2 68:22 69:22 71:5	71:13 78:15 84:8 97:8 104:5 122:15 133:9 135:11 143:9 147:3 149:7 153:15 155:15 156:1 172:17 184:10 195:4 <b>foregoing</b> 211:16 211:21 214:13 215:18 <b>forfeiture</b> 9:23 <b>forfeitures</b> 54:5,8 <b>forge</b> 129:9 <b>forged</b> 117:14,22 126:14 <b>form</b> 19:10 40:19 74:8 77:22 126:6 146:9 193:23 <b>format</b> 148:24 149:2 153:22 <b>formatting</b> 74:15 <b>formed</b> 42:19 59:12 97:6 140:11 145:8 <b>forms</b> 171:11 <b>formulate</b> 70:18 71:14 114:23 115:13 133:24 136:4 153:19 154:5 <b>forward</b> 109:8 115:14 171:1,23 173:3 213:15 <b>found</b> 201:20 <b>founded</b> 145:5 <b>four</b> 9:20 21:16 31:5 41:14,22 50:5,11 51:2 146:18 187:25 <b>fourth</b> 146:21	<b>fraction</b> 107:3 <b>francisco</b> 2:21 <b>franklin</b> 21:1,4 46:13 <b>fraud</b> 8:25,25 31:13 <b>free</b> 214:14 215:20 <b>friendly</b> 158:3 <b>front</b> 33:10 93:24 123:11 <b>frugally</b> 28:25 <b>fugitives</b> 27:2 <b>fulfilling</b> 49:17 <b>full</b> 8:5 53:19 <b>function</b> 17:18 18:1 26:5 <b>functions</b> 25:9 <b>fund</b> 21:1 26:20,20 26:25 28:8 54:5 56:11 58:9 63:11 84:7 86:13 <b>funded</b> 17:24 29:2 53:21,22 61:3,17 61:18 156:15 163:13 <b>funding</b> 5:6 18:2,7 18:7 27:3,22 42:1 42:11,21 44:13,19 44:20 49:22 53:25 54:1,3,4,9,18 55:2 55:15,18,22 57:24 58:2 59:6,15 60:5 60:9,18 61:2 86:14,16,25 87:2,7 87:10,12,21 88:4 88:11,14,22 89:7 90:7 97:9 134:24 155:7,9 156:4 161:20,23 162:25 163:5 167:2,6,10 168:11,13 172:11
--	--	---	--

## [funding - happen]

Page 16

172:23,23 173:9 176:2,6,11,18 182:24 185:22 186:2 190:5,20 <b>fundings</b> 55:11 <b>funds</b> 17:12 145:15 156:16 172:20 184:9 <b>further</b> 78:20 211:19 212:1 <b>fy</b> 5:5 60:17	<b>given</b> 100:4 131:20 140:13 141:25 154:20,23 163:6 172:3 173:23 207:12 211:13,18 <b>gives</b> 94:10 100:23 176:12 <b>giving</b> 13:17 52:20 <b>glasco</b> 81:15 <b>glasgo</b> 72:24 74:6 149:25 <b>glean</b> 114:18 119:9 <b>gleaned</b> 33:1 100:5 <b>go</b> 10:11 12:4 22:19 29:3 30:16 34:23 35:8 49:17 52:21 56:20 63:8 67:9 92:20 102:2 104:5 110:23 140:23 148:17 153:1,3,6 157:5 159:7 <b>goal</b> 156:20 <b>goals</b> 149:16 <b>gobrien</b> 2:5 <b>goes</b> 17:9 25:11 32:21 35:1 71:14 75:2 77:8,9 102:1 149:4 150:10 151:5,8,10,13,15 153:17 203:15 <b>going</b> 10:11 19:16 25:11 30:5 35:14 42:19 44:7,8 60:14 62:15,18 67:20,25 68:25 78:20 95:22 102:8 103:6 108:11	110:20 111:20 115:13,18 118:7 118:10 133:23 146:4,13 154:4 159:6,7 162:23 168:18,22 169:15 171:22 173:4,6,8 195:10,23 204:7 209:20 <b>golden</b> 203:4,19 <b>good</b> 7:23,24 88:2 134:7 145:12 160:24 169:3,4 208:18 <b>google</b> 13:13 <b>governing</b> 45:16 <b>government</b> 41:18 53:23 54:10,25 152:3 163:1 <b>gps</b> 19:11 25:4 <b>graduated</b> 30:6 <b>graduation</b> 30:20 <b>grammar</b> 74:10 74:14 150:12 <b>grand</b> 8:22 <b>grant</b> 10:7 18:1 54:3,4,9 85:13 <b>grants</b> 73:21 <b>graph</b> 150:17 <b>graphs</b> 140:6 <b>gray</b> 3:9 7:19 <b>greater</b> 187:19 <b>greatest</b> 90:19 94:4,12,22,25 95:5 95:13 96:21 97:2 164:23 <b>greg</b> 7:12 <b>gregory</b> 2:3 213:5 <b>grew</b> 200:16 202:17	<b>ground</b> 10:12 <b>group</b> 42:6 55:25 150:6 165:12 170:18 <b>grow</b> 20:23 97:7 201:7 <b>growing</b> 79:1,21 90:14 <b>grown</b> 195:15 200:5 203:23 <b>grows</b> 54:16 203:1 203:7 <b>guess</b> 15:8 39:5 48:2 65:11 83:13 89:4 107:8 111:13 125:10,13 127:15 134:2 136:10 187:21 <b>guessed</b> 142:21 <b>guessing</b> 137:5 145:13 <b>guidance</b> 45:16 49:10,12 132:25 155:19 192:3,12 <b>guidelines</b> 17:15 40:23 49:12 <b>guys</b> 77:6 150:2 <b>guzman</b> 202:1
<b>g</b>			<b>h</b>
<b>g</b> 8:7 72:25,25 <b>gallardo</b> 201:1,14 201:24 <b>gang</b> 197:23 <b>gangs</b> 197:14 198:2 <b>gap</b> 156:16 <b>gather</b> 35:3 <b>general</b> 14:10,15 31:6 36:17 48:2 106:11 107:8 133:8 138:8 149:2 162:10 <b>generally</b> 34:1 58:17 59:10 145:2 <b>generated</b> 139:14 <b>generations</b> 195:20 200:5 203:11 205:7,17 <b>getting</b> 27:19 30:19 63:11 100:19 152:9 162:5 <b>give</b> 11:1,5 12:7 28:15,15 49:9 74:17 126:19 132:25 140:9 149:23,25 184:2 210:1,10			<b>habit</b> 110:24 159:7 <b>hajian</b> 3:5 7:16,16 <b>half</b> 12:18 29:11 31:12,17 <b>halfway</b> 53:2 <b>hall</b> 140:4 <b>hand</b> 115:24 212:6 <b>handily</b> 58:22 <b>handles</b> 60:1 <b>hands</b> 125:22 <b>happen</b> 28:19

<b>happened</b> 31:7 115:14 121:24	114:23 115:13 140:11 145:15,16	157:2,24 158:24 159:2,8,10,22,23	62:3,4,7,23,25 64:12 66:6 68:23
<b>happening</b> 127:8 127:18 202:10	149:21 156:19 161:3 173:24	160:5 172:24 177:10 178:2,8	69:1,4,5,15,19,24 73:5,8,9,13,16,18
<b>hard</b> 123:12 125:4	175:1 207:18,23	183:1 195:8	73:23 75:10,16
<b>harm</b> 193:3,8	<b>helped</b> 100:6	202:25 203:1,10	76:13,16 77:15,20
<b>hats</b> 22:6	101:2,3,6	203:14,22 204:1	78:1,5,18,25 79:3
<b>hayden</b> 3:10 7:18	<b>helpful</b> 99:23	204:10,17,18,21	79:16 80:18,20,25
<b>hayden.miller</b> 3:12	100:10 140:17,19 140:22,25 141:3	204:23 205:3,9,18 205:22,23 206:15	81:1 82:25 83:3,5 84:3,7,12 85:7,11
<b>head</b> 24:14,20 41:24 46:14,15 67:12	<b>helping</b> 142:4	206:21,22 207:19 208:22	85:23,25 86:8 87:4 89:11 90:9
<b>headed</b> 134:15	<b>helps</b> 150:7	<b>hey</b> 26:11 63:8 71:7 100:21 132:21	90:19 93:4,13,17 93:22 94:4,13 95:21 96:19,22
<b>heading</b> 75:5 82:19 146:17	<b>hereinafter</b> 7:6	<b>hidi</b> 10:4 24:7	97:2,5,12 98:12 99:15 101:22
<b>headquarters</b> 31:10,19 32:5	<b>hereunto</b> 212:5	<b>hidta</b> 5:4,6,8,9,11 5:13,16,17,20 9:17	102:15,18 103:2,8 103:14 105:25
<b>health</b> 3:2 33:3 71:19 72:16 114:22 115:21 138:7 140:5,8,10 140:13 156:13,17 156:24 157:6 162:12	<b>heroin</b> 36:24 37:7 38:7,11 39:1,7,15 39:19 45:10 46:18 46:21,23 47:1,7,21 48:6 56:5,7,17,18 57:4,5,6,8,10,11 57:13,21 65:20,24 66:1,8,19,20,25 67:5,8,17 71:24 75:6,8,17 77:11 78:8,21 79:2,11,15 79:20 82:3 84:2 86:7 87:2,5 88:12 88:21 89:10 90:1 90:3,11 91:23 92:9 93:2,19,20,25 94:1,3 96:23 97:19,22 104:15 105:6 106:25 107:4,10,17,21,23 109:22 111:12 112:3,4,6,7,7,10 112:21 118:18,19 119:14,18 122:13 123:21 124:1 125:3 142:23 143:2,6 156:6,8,22	10:1 13:9,19 16:9 16:11,23 17:1,4,7 17:9,15,17 18:3,4 18:25,25 19:14,18 19:23 20:6,16,20 21:9 22:14,15,20 23:11,19,22 24:12 27:3,11,12,12,15 28:1,20 29:5 32:12,13,15,18 33:16 34:10 35:7 36:6,17 40:6,16,21 40:25 41:8,9 42:2 42:14,20,21,22 43:3,8,9,10,11,15 43:16,23,23 44:10 45:2,13,16 49:8,13 50:12,24 51:19,19 51:25 52:2,7,10 53:6,12,21 54:4,8 54:15,16 55:12,14 55:14 59:16 60:4 60:4,15,19 61:2,8	106:15 108:7,12 110:6 112:20 113:11,18,23 114:3,18 116:5,15 117:12,20 118:20 119:18,24 120:24 121:6,9,19,25 122:7,19 123:16 123:24 124:11 125:20 128:9,11 128:14 129:19 130:13 131:8,15 131:20,23,25 132:1 133:7,13,21 133:21 134:18,20 134:23 135:1,8,18 136:18 138:14 139:2,6 141:14 142:24 143:3,22 144:19 145:5,15 145:20,25 146:5,9 146:11 148:8,15

[hidta - increases]

Page 18

148:19 149:1,5,5 149:21 150:25 151:9,18 152:10 155:6 156:7,7 157:14 158:4,19 161:18 162:2 164:7 167:3 168:4 168:13 169:9,21 169:22 170:7 171:6,13,16 172:7 173:8,15 174:3,18 175:13,22,22 176:4,4,11,12,15 176:24 177:7,15 178:12,25 179:22 180:5,6,20 181:16 182:4,13,23 183:10,17 184:18 184:24 185:5,6,14 185:21,21 186:1,1 186:17 187:2 188:10,20 189:2,5 189:22,24,24 190:7,10 191:6,6 191:11,12,15,21 192:2,9,16 195:9 198:16 201:22 209:10,16 <b>hidta's</b> 54:6,9 124:15 130:4 155:18 162:22 175:14,14 <b>hidtas</b> 43:10 55:10 65:21 133:13 134:4 157:15,23 <b>high</b> 5:3,14 16:9 16:13 17:21 19:21 41:4 67:25 113:16 116:5 121:22 171:2 186:18	<b>higher</b> 16:2 201:9 <b>highly</b> 182:22 <b>highway</b> 27:4,5 46:14 53:17,17 56:4 87:8,12,13,19 88:4,11 124:20 133:10,11 134:9 154:9 <b>hired</b> 30:15 <b>historical</b> 115:9 150:22 <b>history</b> 57:15,19 <b>hit</b> 87:18 121:23 122:21,21 144:20 <b>holdings</b> 3:4 <b>hollister</b> 2:3 <b>holster</b> 7:13 <b>homeland</b> 46:10 <b>honest</b> 100:14 134:7 <b>hope</b> 147:13 175:5 <b>horse</b> 40:1 <b>hospitals</b> 15:8 109:9 195:1 <b>hostetler</b> 1:22 <b>hotel</b> 167:11 168:5 <b>hotels</b> 168:7 <b>hour</b> 12:2,18 62:15 118:7 <b>hours</b> 187:23,25 <b>hub</b> 202:7 <b>huh</b> 11:12 75:12 99:7 152:6 <b>hundred</b> 177:18 179:9 180:13,17 181:2 196:7 200:8 200:13 <b>hundreds</b> 183:11 190:8 <b>hypothetical</b> 208:6	<b>i</b> <b>idea</b> 107:20 116:20 122:21 124:22 159:16,19 167:1 <b>ideas</b> 150:8 <b>identification</b> 19:25 60:21 69:7 103:4 108:9 113:20 139:3 146:2 <b>identified</b> 76:17 83:3 91:15 94:12 94:21 155:24 158:11 163:23 164:22 166:2 184:19,25 <b>identify</b> 86:4,10 86:20,23 97:23 131:13 168:8 174:17 189:1,6 192:15,21 <b>identifying</b> 89:2 140:17,25 154:23 <b>iii</b> 153:5 165:10 <b>iiis</b> 35:18 165:14 <b>illegal</b> 39:2 45:4 82:13 84:25 87:14 87:24 88:6 92:14 106:5 194:13 <b>illegitimately</b> 96:4 <b>illicit</b> 38:7 41:1 48:6 67:1,2,5 92:7 93:6 107:18,22 120:8,25 181:11 181:18 182:3,7,15 183:2,20 <b>illness</b> 126:8 <b>imagine</b> 130:22 <b>immediately</b> 26:10	<b>impact</b> 111:20 132:1 147:24 148:1 <b>important</b> 11:9,14 164:12 165:19 <b>importation</b> 41:16 42:24 <b>imported</b> 181:13 197:4 200:12 <b>improper</b> 126:16 <b>improperly</b> 143:1 192:23 <b>incentives</b> 147:4 <b>incentivized</b> 176:16 <b>incident</b> 25:21 <b>include</b> 24:3 52:11 66:25 67:1,3 97:19 147:8 166:3 194:19,22,25 195:3 <b>included</b> 60:7 66:24 74:15 213:13 <b>includes</b> 51:19,25 57:14 <b>including</b> 14:19 80:18 83:4,9 128:3 148:7 166:1 194:10 200:19,21 201:25 <b>incorporated</b> 215:12 <b>increase</b> 65:25 71:8 90:21 91:1 102:9 112:7 176:5 186:18,22 <b>increased</b> 90:4 91:16 201:17 <b>increases</b> 77:25 188:3
---	--	--	--



<b>increasing</b> 90:15 158:6	<b>industry</b> 127:21	<b>initiatives</b> 17:10	72:2,22 73:2 80:1
<b>increasingly</b> 147:14	<b>influences</b> 92:23	18:2 20:22 21:16	80:10,13 114:5
<b>independence</b> 16:17 73:10,19	<b>informal</b> 166:19	21:20 22:10,16,23	156:15 157:10
<b>independent</b> 13:12	<b>information</b> 19:14	23:14,15 27:23	<b>intended</b> 111:7
19:9 27:14 129:13	32:20,21 33:1,6,14	28:5 29:1 32:23	<b>intending</b> 111:2
<b>index</b> 4:1,5 5:1 6:1	40:7 42:4,12	34:7 40:8 43:17	<b>intensity</b> 5:3,14
<b>indian</b> 9:1 31:8	44:13 48:17 49:16	45:2 49:21,22	16:9,13 17:21
<b>indicate</b> 90:4	58:21 64:24 71:17	53:13,15,15 97:8	19:21 41:4 113:16
110:1 115:12	72:9 80:13,14	156:2 163:5	<b>interactions</b>
121:12	102:22 114:12,14	168:12,15 169:10	174:10 189:3
<b>indicates</b> 50:11	114:17 115:3,7,16	175:7	<b>interdict</b> 133:5
104:11 105:12	115:17,22 116:14	<b>inject</b> 187:8,14	<b>interdicting</b> 87:14
117:9 161:9	117:24 131:14	<b>injected</b> 186:10	133:11
<b>indicating</b> 76:24	132:13 134:12	<b>injecting</b> 116:10	<b>interdiction</b> 27:5
213:13	138:11 140:12	116:21	55:8 56:3 59:9
<b>indication</b> 94:10	142:5 143:4,5	<b>injury</b> 126:8	60:12 61:4,14
165:20	150:13 152:9,21	<b>inoperability</b>	87:9,12 154:8,9
<b>individual</b> 54:14	153:6,9,25 157:1	31:21	167:12 168:5
89:19 110:16	157:11 164:3	<b>input</b> 104:6	<b>interested</b> 212:3
116:24 127:14	168:4 170:25	<b>inputs</b> 34:20 104:9	<b>interject</b> 79:23
128:5 132:15	171:11 209:15	<b>inquiries</b> 99:3	<b>internal</b> 32:2
139:24 148:12	<b>ingesting</b> 110:19	102:10 160:25	152:7
166:6 178:19	<b>inhale</b> 116:8	<b>ins</b> 117:16,23	<b>internet</b> 13:14
187:24	<b>inhaling</b> 116:22	<b>instance</b> 25:22	127:3,5
<b>individuals</b> 25:6	<b>inherent</b> 165:13	40:13 89:12	<b>interstate</b> 157:8
51:18 63:14 64:14	<b>initial</b> 149:18	124:20 130:13	<b>intervene</b> 136:18
64:25 78:15 86:1	151:7	137:14,17	<b>interview</b> 81:20
92:6,14 99:16	<b>initially</b> 28:20	<b>instances</b> 122:14	114:19 152:14,25
110:18 111:1,5,23	154:19	128:6	153:13
126:5,22 127:11	<b>initiated</b> 54:16	<b>instituted</b> 101:1,4	<b>interviews</b> 80:21
127:13 129:3,8,17	177:8,14 178:13	<b>institution</b> 31:12	81:12,23 149:7
130:8 144:5,8,14	179:1 180:5,7,20	<b>instructed</b> 187:3,7	<b>introduce</b> 55:23
144:17 160:4	181:16 182:13	187:13 188:11,22	<b>introduced</b> 121:25
182:6 186:17	190:3	<b>instruction</b> 188:14	199:19
204:16	<b>initiative</b> 21:17,17	210:2,10	<b>invested</b> 201:11
<b>industrial</b> 147:2	21:18 22:1,12,13	<b>instructions</b>	<b>investigate</b> 18:14
<b>industrialized</b>	22:18,19 24:22	188:24	56:18 59:12
146:25	26:18 43:11 44:21	<b>instructs</b> 11:20	136:14 182:24
	60:4 62:4 154:6	<b>intel</b> 153:15	183:12,18 185:9
	156:8 168:16	<b>intelligence</b> 19:5	185:17
		42:11 51:1 70:10	

<b>investigated</b> 27:9 27:10 165:5 190:8 190:13,17 <b>investigating</b> 19:6 26:23 88:17 133:9 135:5 136:2 158:12 163:24 182:12 <b>investigation</b> 19:9 26:9 46:16 56:5,8 56:17 57:14,14,18 57:22 59:7 87:3 88:12,21 89:11,23 125:4 132:18 156:6 164:4,16,17 190:1 <b>investigations</b> 18:12,13,14,15,20 18:21 33:1 63:2 88:24 135:9,13,19 153:5 156:3 165:10 170:25 177:8,14,19 178:13 179:2,7 180:7,21,25 181:3 181:6,16,22 182:14,19 187:1 209:12,17 <b>investigative</b> 19:3 20:22 21:16,19 24:21 26:8,18 32:22 40:8 59:25 70:6,10 88:16,25 149:25 191:13 <b>investigator</b> 19:13 82:18 127:1 <b>investigators</b> 84:14 <b>investment</b> 27:20 28:7	<b>involved</b> 33:8 41:11 56:17 57:4 57:13,21 66:6,18 87:2 88:12,21 89:10 122:2 135:5 135:8 136:5 156:6 172:24 189:25 <b>involvement</b> 28:2 <b>involves</b> 57:17 67:5 173:18 <b>involving</b> 109:24 <b>irs</b> 46:9 <b>isc</b> 45:22 51:1 149:24 <b>issue</b> 134:5 176:4 <b>issued</b> 62:2 <b>issues</b> 31:21 67:13 96:11 157:25 171:21 176:17 194:16 204:3 <b>items</b> 71:25 96:10 <b>iv</b> 186:12 <b>j</b> <b>j</b> 2:3,14,19 213:5 <b>january</b> 1:20 212:8 213:4 <b>joaquin</b> 201:25 <b>job</b> 81:6 <b>jobs</b> 147:24 <b>john</b> 3:14 72:24 81:15 149:25 <b>johnstown</b> 80:12 <b>joined</b> 78:1 <b>jones</b> 2:13 7:11 169:6 <b>jonesday.com</b> 2:16 <b>judge</b> 1:10 <b>judiciously</b> 49:15 <b>july</b> 145:6 212:17	<b>june</b> 145:6 149:11 <b>jurisdiction</b> 169:21 170:12 171:22 172:7,14 174:4 175:2,9 184:20 185:2,11 189:7,14 190:9 192:24 194:17 <b>jurisdictions</b> 69:24 70:2 174:13 <b>jury</b> 8:22 <b>justification</b> 161:19,24 <b>k</b> <b>k</b> 2:12 8:6 <b>k2</b> 193:18,21 194:15 <b>keep</b> 66:21 <b>kentucky</b> 23:25 31:14 133:22 134:10 <b>kidnappings</b> 9:1 <b>kilo</b> 196:7 <b>kilograms</b> 104:12 104:15,18,22 105:1,13,16 <b>kilos</b> 106:21 <b>kind</b> 10:2 23:20 30:4 36:13 49:5 51:15 64:23 73:6 92:4,23 106:14 120:7 121:19 148:21 150:6 153:24 154:23 155:12,18 165:19 166:18 172:17 183:8 201:2 <b>kinds</b> 97:19 <b>klauss</b> 1:24 211:6 212:14	<b>knew</b> 30:14 63:7 67:15 89:6 158:23 159:8 <b>know</b> 12:12 14:21 14:22 17:11,16,18 17:19 18:25 23:8 23:21 24:13,17,19 25:22,25 26:2,3 27:16 28:14,23 33:19 34:22 35:4 35:22 36:15,22,23 36:24 37:1,1,6,7,8 37:17,23,24 38:22 39:4,4,19,19,20,25 40:10,22,22 41:3 41:10,17 44:23,23 45:6 47:23 48:1 48:16,21,23,24 51:14 52:15 56:24 57:7,8,13,17 58:14 58:19 61:12 62:12 62:12 63:6,19 64:1,5 65:18,19,20 66:10,16,17 68:11 68:14,18 70:13,16 70:16 71:21,22,23 71:24,25 72:7 73:14 74:17,19,22 76:3 77:5,7,23 78:14,20,22 79:5 80:5,7,16 81:19,22 81:24 84:6,7 85:1 86:12 87:8,19 88:3 89:15 90:3 90:20,20 91:6,10 92:1,3,18 93:14 94:9 96:11,12 97:13,15 98:4 100:1,12,13,13,15 101:8,16,17,24,25 102:2,23 103:13
---	---	--	---

106:17 107:12,25 109:3,8,11,19 111:13,16,17,18 112:1,13 113:4,13 115:1,12,17 120:12 121:21 122:20 123:10 124:10 125:9,13 125:14 126:2 127:4,19,19 128:7 128:17,18 129:4 131:5 132:2,14,23 133:17,20,25 134:8,23 135:12 136:3,5,16 138:19 139:18 140:1,21 141:12,19,19 142:1,6,10,13,16 142:20 145:8,9,11 145:14,17 148:9 149:20,23 150:1 150:13,14,19 151:22 152:1,13 153:1,3,4,4,5,11 153:23 154:10 155:1,3,5,7,13 156:18 157:5,11 157:18,21 158:8 159:1,9,13,17 160:13,23,25 161:6 163:8,21 165:7,8,10 166:5 167:2 168:1 173:16 176:9 182:20 188:5 191:12 199:17,21 199:23,23,23 201:12 204:4 205:2,14,15 208:5 209:18	<b>knowing</b> 26:16 148:11 <b>knowledge</b> 15:16 63:25 68:19 92:10 96:5 119:8 125:24 129:22 132:10 136:17 137:22 138:13 149:6 159:24 160:11 186:21 192:1,8 <b>knowledgeable</b> 36:12 <b>known</b> 201:6 202:1 203:8 <b>I</b> <b>I</b> 1:24 8:7 72:25 211:6 212:14 <b>l.p.</b> 1:14 <b>label</b> 5:4,6,9,13,16 5:17,19 19:23 60:19 69:5 108:7 113:18 139:2 145:25 <b>laced</b> 109:24 110:12,17 111:1 111:25 <b>lacing</b> 111:22 <b>laid</b> 30:9 <b>large</b> 40:3 147:12 204:15 <b>largely</b> 152:16 <b>larger</b> 147:7 <b>late</b> 196:1 198:19 198:25 201:1 202:10 <b>laura</b> 2:8 <b>law</b> 8:2,19 9:24 13:8 18:19 22:24 23:1,4,17 25:10,18 26:3 29:25 41:20 42:5 44:12,12	51:20,24 52:1,10 53:7,8 58:4,7,11 80:21 81:13,16 83:22 86:3 92:12 107:10 108:25 112:18 117:11 127:6,15 130:22 132:15 133:1 134:13 135:1,22 135:25 136:13 137:3 141:23,24 142:8 145:9 152:10 153:16 157:6 159:3 167:8 170:4,10 173:2,14 173:18 174:6,17 174:24 177:7 178:12,25 180:19 184:17,24 185:7 185:15 188:8 194:22 198:15 202:19 206:18 <b>lawful</b> 7:4 38:14 38:18 136:7,12 <b>lawfully</b> 38:18 113:5 159:15 <b>laws</b> 9:23 144:25 175:1 <b>lawsuit</b> 14:6 <b>lead</b> 205:12,18 <b>leaders</b> 175:14 <b>leadership</b> 35:12 <b>leading</b> 99:18 <b>leads</b> 176:3 206:3 <b>led</b> 58:12 204:2 <b>left</b> 147:11 166:8 184:10 208:10 <b>legal</b> 82:12 127:4,5 213:1 216:1 <b>legislation</b> 68:10 68:11	<b>legislative</b> 9:6,9,10 <b>legislature</b> 9:12 54:13 <b>legislatures</b> 9:19 <b>legitimate</b> 126:24 127:16 <b>legitimately</b> 38:15 <b>lesser</b> 117:14 <b>lethargic</b> 91:22 <b>letter</b> 5:18 108:17 145:23 146:10 213:19 <b>letting</b> 156:1 <b>level</b> 171:2 177:3,9 178:1,14,17 182:2 197:14 <b>levels</b> 116:5 <b>lflahivewu</b> 2:11 <b>liaison</b> 2:18 <b>license</b> 137:21 <b>licenses</b> 131:3 144:13 <b>licensing</b> 137:23 <b>limited</b> 170:3 <b>line</b> 64:4 213:13 215:7 216:3 <b>lines</b> 133:15 <b>link</b> 19:12 25:4 <b>list</b> 24:14 38:6 106:1,9 193:16 <b>listed</b> 23:16,24 32:23 34:16 52:13 53:15 193:25 194:13 215:7,17 <b>listing</b> 215:7 <b>lists</b> 149:15 <b>literature</b> 13:13 <b>litigation</b> 1:7 213:6 214:3 215:3 <b>little</b> 17:17 21:23 22:17 24:22 26:17
---	--	---	---

30:12 37:4 62:23 64:11 78:23 118:17 125:6 128:5 140:9 141:11 148:14 158:2 169:8 184:14 193:16 <b>live</b> 15:21 <b>llc</b> 3:8,9 7:19,20 <b>llp</b> 1:22 2:3,7,19 <b>loads</b> 196:7 <b>loas</b> 203:7 <b>local</b> 41:20 44:11 51:20,24 52:9 54:1 70:14,21 81:13 84:13 87:17 104:5 133:1 135:1 165:16 172:12 175:21 176:12 <b>locals</b> 10:5 <b>locations</b> 64:25 <b>loera</b> 202:1 <b>london</b> 133:22 <b>long</b> 12:16 16:25 29:9 46:25 65:8 73:1 93:20 142:10 142:13 <b>longer</b> 43:23 <b>look</b> 20:21 23:23 28:8,21 35:22 43:1 45:6 47:2 51:12,15 54:21 61:16 67:9 71:7 74:21 77:23 78:16 78:23 79:4 91:21 94:6 104:10 105:11,20 106:2 109:15 115:4,5,11 115:16,24 121:13 122:17 132:7 146:21 150:13	153:25 154:7 161:2 163:7,8 164:6 165:9,16 166:6,10,16,22,24 <b>looked</b> 71:15 164:7 192:2,11 <b>looking</b> 27:24 50:10 52:24 78:12 94:16 114:25 142:4 166:11 167:1 <b>loose</b> 144:25 <b>lorain</b> 21:2,3,3 <b>los</b> 3:6 197:14 <b>lose</b> 147:1 <b>loss</b> 147:24 <b>lost</b> 147:7 <b>lot</b> 17:17 39:9,13 47:12 48:14 56:11 62:25 64:13 87:23 88:6 97:18 106:21 110:11,18 116:18 134:8 153:9 173:18 199:18 <b>louisville</b> 31:14 <b>lower</b> 147:2 <b>lsd</b> 183:3 193:18 194:14 <b>lucas</b> 42:8 <b>luckily</b> 47:18 <b>m</b> <b>madam</b> 213:10 <b>mail</b> 120:7 205:5 <b>main</b> 21:16 41:14 43:15 164:10 170:4,5 <b>maintains</b> 138:3 <b>major</b> 21:6 52:6 169:20 <b>majority</b> 67:4 85:22 109:22	110:8 113:10 119:23 120:23 158:18 <b>making</b> 25:13 50:19 134:11 <b>mallinckrodt</b> 3:8 7:19 <b>manage</b> 17:8 49:9 <b>management</b> 21:18,25 22:12 34:5 103:25 152:11 <b>manager</b> 22:4,5 45:20 70:10 72:22 73:2 153:15 <b>manages</b> 22:13 <b>mandated</b> 149:1 <b>manpower</b> 56:11 <b>manufactured</b> 37:9 39:24 123:4 193:23 <b>manufacturer</b> 15:4 128:24 130:15 <b>manufacturers</b> 14:24 119:13 128:4 147:8,9,11 158:13 <b>manufactures</b> 14:19 <b>manufacturing</b> 41:16 42:24 43:2 <b>map</b> 5:17 138:6,8 138:19,20 139:1 139:10,13 209:11 <b>march</b> 5:18 32:9 145:23 <b>marijuana</b> 9:14,21 9:22 37:18 45:11 93:10,12 104:18 106:14 193:23	194:15 195:7 200:3,4,11,20 201:7,8,18,20 202:6,23 <b>mark</b> 19:17 60:14 68:25 103:6 108:11 139:5 146:4 <b>marked</b> 5:2 19:24 60:20 69:6 103:3 108:8 113:19 139:2 146:1 <b>market</b> 5:15 113:17 114:4,6 147:16 148:2 <b>markets</b> 32:17 <b>marking</b> 113:22 <b>marquette</b> 31:2 <b>marshals</b> 26:25 46:1 <b>mart</b> 2:12 <b>math</b> 184:2 <b>matter</b> 123:25 132:22 <b>matters</b> 25:4 <b>mckesson</b> 2:7 7:9 8:3 <b>mdl</b> 1:7,9 <b>mean</b> 32:10 34:12 44:18 45:6 46:19 46:20 65:23 69:11 73:14 100:14 101:18 111:14 136:9 152:1 165:11 <b>means</b> 10:16 18:20 76:21 120:10 <b>measure</b> 28:6 163:20 <b>mechanism</b> 18:7 116:8 134:24
---	---	--	--

[mechanism - name]

Page 23

155:10 <b>medellin</b> 196:2,5 197:4,10 198:19 198:25 199:13 200:1 <b>media</b> 25:3 <b>medical</b> 15:6 33:3 37:24,25 38:1,24 39:22 47:25 48:18 65:3 71:20 72:13 98:25 109:7 112:2 115:20 122:3 127:25 129:1,4 131:4 <b>medication</b> 137:6 137:19 186:9 189:10,18 <b>medications</b> 188:12,23 208:12 <b>medicine</b> 100:20 106:3 144:11 <b>meet</b> 12:16 34:22 35:16 50:3,4,5 51:5 <b>meeting</b> 12:22 50:6 133:18,25 134:18 171:24 172:8 <b>meetings</b> 49:21 51:14 63:18 173:12 174:23 185:5,14 <b>meets</b> 50:7,18 170:18 <b>member</b> 21:12 130:13 157:14,16 169:24 170:2 185:7,15 186:16 <b>members</b> 21:14 22:24 23:11 45:15 52:23 58:19 62:25	76:14 125:20 170:1,10,22 171:17 173:5 177:15 180:6 189:4 191:4 192:10 209:16 <b>membership</b> 77:2 <b>memo</b> 155:18 <b>memory</b> 134:2 <b>mention</b> 95:1 150:15 <b>mentioned</b> 8:1 38:6 45:8 46:18 52:18 58:23 64:11 72:11 74:23 93:23 95:23 134:21 156:5,12 162:10 175:12 183:14 188:20 189:22 208:3 <b>met</b> 12:14 50:21 51:2,10 <b>meth</b> 37:12 71:24 91:20 158:1,5 159:11 194:14 <b>methamphetamine</b> 90:12,14,17 91:2,5 91:16 92:8 93:3 96:13 97:20 180:18,22 183:2 193:18 <b>methods</b> 120:6 <b>mexican</b> 98:17 177:9 178:2,8 181:14 200:15 201:17 202:16,22 205:22 206:23 207:16 <b>mexico</b> 40:11 120:4,15 181:13 200:5 201:4,16	205:23 <b>miami</b> 196:15 <b>michigan</b> 31:3 132:3,8,11 133:19 134:9 <b>microphone</b> 162:23 <b>mid</b> 197:13 203:22 <b>middle</b> 203:19 <b>midwest</b> 213:17 216:1 <b>miguel</b> 201:1 <b>mill</b> 67:18 68:3 77:12 126:20 160:18 161:10 <b>miller</b> 3:10 7:18 7:18 <b>million</b> 99:1,3 183:18,23,25 184:8,8 <b>mills</b> 67:14,16 68:8,16,20 126:17 127:22,23 145:3 158:22 160:15,16 <b>mind</b> 52:19 106:8 126:4 140:24 <b>minors</b> 194:10 <b>minutes</b> 50:7 <b>misrecollecting</b> 209:8 <b>missed</b> 35:24 46:16 165:23 <b>missing</b> 156:18 <b>mission</b> 18:6 44:9 44:16 45:2,18 149:15 <b>mistaken</b> 141:22 <b>misunderstand</b> 178:16 <b>misused</b> 90:11,12	<b>misusing</b> 102:1,4 <b>mix</b> 48:19 <b>mixed</b> 47:10 <b>mixing</b> 48:14 111:10 <b>mixture</b> 48:22 90:23 <b>moment</b> 184:2 206:9 <b>money</b> 18:4 22:7 22:11 27:4,16 28:17,24 42:20 44:24 54:24 55:4 55:5,25 56:2,4,15 63:7,9,11 64:2 163:11,12,15 168:10 175:21 184:6 <b>monies</b> 49:14 <b>monitor</b> 61:25 <b>monitoring</b> 61:23 99:10 <b>monitors</b> 62:1 <b>montana</b> 31:24 <b>morning</b> 7:23,24 118:18 158:21 160:14 161:19 <b>move</b> 109:8 <b>moved</b> 10:8 <b>multi</b> 92:19 156:7 <b>multiple</b> 64:15 125:22 196:7
<b>n</b>			
<b>n.d.</b> 1:15 <b>naloxone</b> 207:8,11 207:17 <b>name</b> 8:5,6 9:15 26:7 68:14 72:24 140:4 157:18,21 169:5 213:6 214:3 214:4,15 215:3,4			



[name - offered]

Page 24

215:21 <b>named</b> 211:9 <b>narcan</b> 173:20,22 207:6 <b>narcotic</b> 123:14 175:23 186:19 <b>narcotics</b> 52:1,4 84:14 86:3,9 87:15 169:20 170:24 172:13 175:1 176:22 177:4 184:23 186:25 188:8 191:5 194:7,17 195:4 206:12 <b>narrower</b> 38:9 <b>national</b> 1:6 10:6 17:14,24 41:7 53:23 54:13,13 72:2 80:1,9 114:4 117:10 146:11 175:13,16 176:3 176:16 208:2 213:6 214:3 215:3 <b>native</b> 5:10 103:1 103:7 <b>natural</b> 37:8 <b>nature</b> 109:5 <b>ndic</b> 115:1 117:10 <b>neal</b> 2:14 7:10 169:5 <b>necessarily</b> 43:22 48:11,21 53:19 72:7 78:14 90:20 92:18 101:21 102:3 107:14 154:15 160:18 161:13 <b>necessary</b> 50:20 <b>neda</b> 3:5 7:16	<b>neda.hajian</b> 3:7 <b>need</b> 11:25 12:1 18:9 38:24 44:25 50:24 51:4 59:14 154:5,6 155:4,10 163:10,15 166:24 <b>needed</b> 41:19 145:14 170:25 208:8 <b>needing</b> 27:25 <b>needle</b> 109:12 186:12 <b>needs</b> 23:2 51:9 <b>network</b> 31:20 202:6 <b>networks</b> 197:23 200:17 <b>never</b> 40:17 60:13 66:13,15 67:21 89:16 95:4,13 111:6 121:17 135:4 138:4 141:1 141:18 159:23 185:21 186:2 <b>new</b> 3:11 23:5 91:3 111:18 118:24 154:6 172:6 173:2 <b>nine</b> 153:12 185:6 <b>nodding</b> 11:11 <b>nonopioid</b> 159:18 <b>nonprescription</b> 38:25 84:5 107:18 <b>nonunionized</b> 147:3 <b>normally</b> 9:22 <b>northeast</b> 60:11 61:4,13 76:2,19 79:9 82:2 <b>northern</b> 1:2 23:25 24:2 27:1	29:25 45:25 46:2 58:4,7 146:24 167:8 <b>notarized</b> 213:14 <b>notary</b> 7:15 16:19 74:3 211:6 212:14 213:25 214:10,18 215:15,23 216:23 <b>note</b> 213:12 <b>notes</b> 50:6,8 <b>notice</b> 26:11 <b>notifications</b> 157:8 <b>notify</b> 132:21 <b>november</b> 13:23 <b>nstephens</b> 2:16 <b>number</b> 5:2,10 35:18 46:21,22 47:7 53:10,11 74:24,25 98:7,22 100:11 101:14,20 102:6,10,22 103:2 103:8 106:12 108:12 110:2 113:23 135:19 150:15,17,18,19 158:7 166:10 170:10 213:7,13 <b>numbered</b> 109:16 <b>numbers</b> 35:20,25 71:11 72:14 74:20 74:22 102:2 105:4 105:9 131:12,18 147:12 149:13,13 150:21 153:1 170:3 171:19 183:6 215:7 <b>nursing</b> 144:12 <b>nw</b> 2:9 <b>ny</b> 3:11	<b>o</b> <b>o</b> 72:25 <b>o'brien</b> 2:3 7:12 7:12 12:20,22 62:16 118:9 199:14 207:2 213:5 <b>oarrs</b> 99:1,4,8,15 99:17,22 100:6,9 100:15,25 101:4 102:9 141:11,12 141:15 142:2,13 142:17,20 144:1 <b>oath</b> 8:16 9:6,7 10:17,19 <b>object</b> 6:2 <b>objection</b> 6:1,3 11:23 199:14 <b>objections</b> 11:19 <b>obligated</b> 11:21 <b>observing</b> 70:17 <b>obtain</b> 71:17 161:20 172:11 <b>obtained</b> 117:13 117:21 <b>obviously</b> 45:6 61:8 163:15 <b>occurred</b> 131:8 190:9 <b>occurring</b> 68:3,4 107:15 131:25 <b>occurs</b> 24:25 82:16 126:1 132:14 <b>odd</b> 76:8 <b>odds</b> 76:1 82:24 <b>offer</b> 18:18 55:3 155:6 <b>offered</b> 24:12 63:10 147:4 208:21
--	---	--	--

<b>office</b> 10:6 17:14 17:24 22:5 29:17 32:1 41:6 53:23 59:4 65:4 108:18 122:4 145:11 162:6 167:25 170:13 176:3,17 212:6 <b>officer</b> 25:10 30:17 155:8 156:15 157:10 206:19 <b>officers</b> 13:9 26:2 52:10,22 53:4,11 88:23 89:1,10 163:14 164:5 167:16,17,19 168:2 171:2 173:14 174:24 188:9 <b>offices</b> 60:9 167:24 <b>official</b> 214:15 215:21 <b>officials</b> 117:11 <b>oh</b> 2:4 5:4,6,9,11 5:13,16,17,20 19:18,23 60:15,19 69:1,5 103:2,8 108:7,12 113:18 113:23 139:2,6 145:25 146:5 <b>ohio</b> 1:2,13,15,23 5:3,8,14 8:11 9:12 13:9,19 15:20,22 16:7,9,23 17:1,4,7 17:9 19:21 20:6 20:16,20 21:2,7,9 22:3,20 23:11,19 23:22,24 24:2,7,11 27:1,4,15 28:1 29:25 30:17 32:15	32:18 33:16 35:7 36:6,16 40:6,16,21 40:25 42:7 43:9 43:11,16 44:9 45:2,13 46:1,3,7,8 46:9,11,24 49:8,13 50:12,24 51:19 52:2,7,10 53:6,12 53:21 54:9 55:14 58:4 59:15 60:4,4 60:11 61:2,4,13 62:3,4,7,9,25 66:6 67:14,15,19 68:1 68:23,23 69:4,15 69:19,24 71:19 72:15 75:10,16 76:2,13,16,19 77:13,15,20 78:1,5 78:25 79:3,9,16,21 82:1,2,24 83:3,5 83:23 84:3,12 85:7,10,23,25 86:8 87:4,13,24 88:4 90:9,19 93:4,13,17 93:21 94:4,13 95:21 96:19,22 97:2,5,12,21 98:12 98:16,21,23,25 99:10,15 101:1,22 102:9,15,18 105:25 106:15 110:6 112:20 113:11,16 114:3 114:18,21 116:15 117:11 118:20 119:18,24 120:24 121:5,9,19,25 122:7,19 123:16 123:24 124:11,15 125:20 128:11,14 129:19 130:4,4,13	131:8,15,20,25 132:1,4,9 133:6,12 134:10,18,20,23 135:8,18 136:18 138:8,14 141:14 142:24 143:3,22 144:19 145:5 146:9,24 147:22 148:8,15 150:25 151:8,18 152:9 155:18 156:7 158:19,22 160:15 160:22 161:1 162:10,11,22 167:2,8 168:13 170:5 171:4 175:14 176:13,17 176:24 177:10 178:3,7 179:4,17 179:17,20 180:3,8 180:23 181:19 182:6,16 185:21 186:1 188:19 189:2,6 191:15,18 191:21,24 192:16 193:12 195:9 196:22 197:3,8 198:3,16 199:8 200:22 201:21 202:23 205:1,10 205:13,16,19,25 206:6,23 207:18 211:2,7 212:7,15 213:2 <b>okay</b> 10:11 11:2,3 11:6,7,12,17,18,23 11:24 12:4,5 16:21 82:7 109:18 117:7 118:16 125:6 146:23 148:16 169:16,17	169:24 171:6 173:22 174:2 176:20,24,25 177:4,5 178:1,21 181:11 182:2 183:9 184:3,9,15 184:16 189:21 191:2 192:6 193:19 195:6,13 201:14 202:25 205:3 206:8 208:9 <b>once</b> 11:22 43:3 67:16 159:5 <b>ondcp</b> 17:25 49:12 54:15 55:2 61:2 65:21 77:9 149:1 149:10 151:5 <b>ones</b> 12:25 119:7 164:6,10 <b>ongoing</b> 43:5 51:7 <b>oomph</b> 160:23 <b>op</b> 1:15 <b>open</b> 23:13,17 26:9 <b>opened</b> 202:5 <b>operate</b> 18:15 27:7 27:14 50:24 167:12 191:5 <b>operated</b> 29:22 197:24 198:3 <b>operates</b> 20:20 22:9 <b>operating</b> 22:10 49:11 127:23 <b>operation</b> 201:13 <b>operational</b> 18:11 27:13 119:10 <b>operationally</b> 27:14 <b>operations</b> 17:8 18:10 22:14 27:6
---	---	--	--

28:3 29:17 33:2 54:6 155:14 <b>opiate</b> 1:7 37:9 105:22 213:6 214:3 215:3 <b>opiates</b> 191:10 <b>opinion</b> 82:14 108:1 112:17 129:5,22 136:1,4 144:22 147:20 148:10 160:1 <b>opioid</b> 9:3 14:9 36:20,21 37:2,12 37:16,22,25 38:1,7 39:25 65:17 66:13 77:16 78:1 89:20 91:19,22 98:23 109:2 110:20 111:7 112:11 122:19 123:23 129:19 143:6,11 143:16 144:19,24 155:24 156:9 159:14 160:7 187:4,8,14 188:12 188:23 189:8,16 191:18,24 193:11 207:12 <b>opioids</b> 5:12 24:18 24:18 29:22,23 37:1,5 38:5,6,9,13 38:17 39:1 44:17 47:22 66:23 67:23 67:23 77:20 78:4 79:2 83:4 84:4,5 86:2 90:9 91:21 94:13,22 95:4,12 95:25 98:2 99:18 99:25 101:7,15,20 101:21 102:11,14 102:19 104:24,25	105:17 107:18,19 107:24 108:5,20 113:3,5,10 122:6 122:12 123:3,9,16 123:22 124:1 128:13 130:3 133:6 143:1,11,17 144:3 148:7 159:12,21,24 161:13 186:6 187:18 191:17,23 192:4,13,23 193:2 193:8 207:24,25 <b>opportunity</b> 148:2 172:19 <b>opposed</b> 59:10 96:3 107:19,23 159:10 160:7 166:11 <b>order</b> 36:18 43:6 141:9 <b>orders</b> 120:7 <b>orejuela</b> 196:6 <b>orejuelos</b> 201:16 <b>organization</b> 34:17 35:11 84:19 84:23,24 88:5 124:23 125:4 135:16 165:15 178:18 179:3 207:16 208:21 209:1 <b>organizational</b> 20:16,19 50:10 150:18 <b>organizations</b> 25:6 26:24 35:15 44:15 84:17 85:4,8,15,20 88:18 90:5 98:17 102:13 119:1,5,20 120:17 121:1	123:5,8,17 124:13 129:11 143:20 158:17 163:23 164:17 165:4 166:2 168:9 175:8 176:22 179:15 180:8,22 181:14 181:18 182:15,25 183:13,19 201:4 202:16,22 204:25 206:24 <b>organized</b> 45:13 <b>original</b> 24:9 146:8 157:24 165:22 <b>originally</b> 15:19 <b>originating</b> 120:1 <b>orman</b> 140:4 <b>outside</b> 18:24 33:2 41:25 90:10 114:20 124:11 131:25 152:1 168:11 173:18 209:11 <b>overall</b> 97:14 <b>overdose</b> 56:5,7,12 56:19 57:5,7,8,9 63:1 65:1,9 66:10 71:18 72:11,12,19 88:19,24 97:21 110:3,8 111:24 122:2 156:11,21 157:17,19 162:3,4 162:8 173:15,24 173:24 174:4,12 174:20 182:7 184:20 185:1,10 186:23 188:3 189:6,13 190:8,13 190:17,19 197:9 204:7 205:18	206:3 207:13 <b>overdosed</b> 64:14 89:13,19 111:24 198:12 <b>overdoses</b> 47:7,10 63:16,20,22 64:6,7 64:23 66:2,8 67:25 89:2,3 90:24 97:24 111:16 112:7,20 112:25 158:7 175:1,10 178:7 179:21 <b>overdosing</b> 46:23 63:21 64:14 66:11 111:1,6 <b>overlap</b> 177:1 <b>overseas</b> 48:7,9 <b>oversee</b> 49:9 <b>oversight</b> 22:12 45:15 <b>overtime</b> 53:8 56:12,15 64:2 88:23 163:15 <b>overwhelming</b> 64:7 85:21 <b>owner</b> 127:9 <b>oxycodone</b> 37:10 38:2 79:2 116:17 <b>oxycontin</b> 37:9 38:2 75:25 76:24 82:20,23 83:4 116:6,7,19,22 117:12,20
			<b>p</b>
			<b>p.m.</b> 209:22 <b>pa</b> 80:12 <b>pablo</b> 196:5 199:25 <b>pads</b> 117:15

<p><b>page</b> 6:2 20:11 50:9 52:24,25 75:4,19,23 79:10 79:12 82:6,19 109:15,16 115:23 117:5,9 146:15 213:13,15 215:7 216:3</p> <p><b>paid</b> 53:5 73:20</p> <p><b>pain</b> 67:22 77:12</p> <p><b>palo</b> 2:15</p> <p><b>paper</b> 132:20</p> <p><b>par</b> 3:2,3,3 7:17</p> <p><b>paragraph</b> 53:2 75:20 79:6 98:20 99:13 109:19 115:25 116:3 150:15</p> <p><b>parallel</b> 96:15</p> <p><b>parameters</b> 152:4</p> <p><b>parcel</b> 56:3 120:4</p> <p><b>part</b> 24:9,15 31:5 42:6 44:16 60:8 61:13 81:13 84:12 87:6 98:25 102:7 124:2,4,7,9 130:6 130:10 156:7 160:12 167:23 171:17 174:22 175:3,6 184:9 202:7 204:14 215:9</p> <p><b>partial</b> 40:10 154:8</p> <p><b>participant</b> 29:25 170:6</p> <p><b>participants</b> 70:12 154:2 157:24 170:1</p> <p><b>participate</b> 43:6 43:18 52:7,15</p>	<p>53:17 58:20 169:21 171:13 180:19 182:13</p> <p><b>participated</b> 53:11 134:22</p> <p><b>participates</b> 174:18 189:24</p> <p><b>participating</b> 23:15 42:2 150:20 152:10 172:12 174:10,24 177:7 177:14 178:12,25 180:6 181:15 188:8 191:5 192:10</p> <p><b>participation</b> 42:14 51:20 53:19</p> <p><b>particular</b> 67:14 82:2 119:7 137:1 137:6 145:17</p> <p><b>particularly</b> 81:17 154:12</p> <p><b>partnered</b> 202:4</p> <p><b>partners</b> 56:14</p> <p><b>parts</b> 147:4</p> <p><b>party</b> 212:3</p> <p><b>paso</b> 72:2</p> <p><b>pass</b> 125:22 162:23 168:18</p> <p><b>patches</b> 48:3</p> <p><b>patient</b> 136:19 137:1,7</p> <p><b>patrol</b> 27:5 46:15 53:17 87:13 88:4 88:11 124:21 133:10 134:9</p> <p><b>pause</b> 168:23</p> <p><b>pay</b> 18:23 53:7,8 56:15 155:7</p> <p><b>pcp</b> 183:3 194:14</p>	<p><b>pending</b> 12:3</p> <p><b>peninsula</b> 31:3</p> <p><b>pennsylvania</b> 21:8 21:13 24:1 46:6</p> <p><b>people</b> 15:7 17:18 23:4 28:23,24 35:12 46:23 48:3 52:14 63:19,21,22 64:20 66:10 67:20 74:9 81:22 85:2 85:16 91:4,9,10 92:17,24 93:9 96:2 97:21 102:4 102:14 109:1 128:20,23 129:6,9 129:25 130:21 134:11 140:7 149:21 159:4,5 170:23 172:4 178:7 179:19 187:17 194:7 197:2,7 198:9 207:18,23 208:22</p> <p><b>perceived</b> 44:5</p> <p><b>percent</b> 98:24 102:17 107:17</p> <p><b>percentage</b> 96:1 113:4 158:10</p> <p><b>percocet</b> 37:10</p> <p><b>perfect</b> 147:15</p> <p><b>perform</b> 43:18</p> <p><b>performance</b> 17:10 34:5 43:21 103:25 152:11 163:7,20</p> <p><b>performing</b> 27:19</p> <p><b>period</b> 17:15 68:2 80:1,17 104:16 190:25 204:12</p> <p><b>periodically</b> 27:23</p>	<p><b>person</b> 45:21 129:24 148:12 208:13</p> <p><b>personal</b> 137:8,12 160:1</p> <p><b>personally</b> 15:10 33:19,20 92:1 146:13 185:5,14 214:11 215:15</p> <p><b>personnel</b> 23:2,18 45:22 52:1 53:9 80:22 81:17 86:4 86:9</p> <p><b>persons</b> 147:12</p> <p><b>perspective</b> 124:15</p> <p><b>perspectives</b> 109:7</p> <p><b>peru</b> 195:16 203:24</p> <p><b>pharma</b> 1:14</p> <p><b>pharmaceutical</b> 3:3,3,4 14:8,9,16 39:17 40:14,23 48:8 93:8 95:19 104:21 105:14,24 106:4 107:2 115:25 116:4 119:13 122:24 126:3 127:21 128:3 130:14 158:12</p> <p><b>pharmaceuticals</b> 3:2 36:25 60:2 75:25 76:18 79:8 82:9,13,23 105:7 122:16</p> <p><b>pharmacies</b> 14:20 14:25 119:14 127:3 128:4,25 158:13 169:13,15 184:15 187:12</p>
---	--	---	---

<p>191:8 206:20  <b>pharmacist</b> 187:3  187:7 188:11  <b>pharmacists</b>  188:21  <b>pharmacy</b> 15:13  117:15,23 127:5  127:25 144:12  189:9 191:16,22  192:2,12  <b>phone</b> 7:15 19:10  19:11 213:3  <b>phrase</b> 65:17  66:13  <b>physician</b> 136:20  156:13  <b>picture</b> 35:5  <b>pie</b> 173:8  <b>pieces</b> 165:20  <b>pill</b> 67:14,18 68:3  68:8,16,20 77:12  126:16,20 127:22  127:23 128:16  145:3 158:22  160:15,15,18  161:1,10 187:23  <b>pills</b> 67:16 93:9  122:5,11,18,25  123:2 124:21,24  126:21 129:6  132:2,5,11 137:15  144:6 159:6 187:4  187:8,14,25 188:2  208:5,7,8,10,22  <b>ping</b> 19:11  <b>pinging</b> 25:2  <b>place</b> 211:20  <b>places</b> 74:23 199:8  <b>plaintiffs</b> 66:4  83:8</p>	<p><b>plan</b> 134:4 175:15  <b>plano</b> 157:11  <b>plant</b> 15:5 202:25  <b>plants</b> 195:15  203:23  <b>player</b> 52:6  <b>please</b> 7:3,15 8:4,9  10:25 16:20 20:12  117:6 126:20  192:5 213:11,11  <b>plus</b> 198:16  <b>pmp</b> 34:6,15,19,21  74:21 103:22,24  150:4 152:12,13  152:22 163:21  166:22  <b>point</b> 11:25 64:3  78:3 79:6 94:11  148:21 149:12  165:23 180:14  193:1,6  <b>police</b> 16:6 30:17  46:11 58:13 59:5  70:12 134:11  153:16  <b>policies</b> 49:11,13  50:23 132:24  151:18,22 152:2,7  166:17,20,23  <b>policy</b> 10:7 17:14  17:14,25 27:11  41:7 50:5 53:24  208:18  <b>political</b> 160:23,25  <b>polster</b> 1:10  <b>pool</b> 147:15  <b>poppy</b> 195:15  202:25 203:23  <b>populate</b> 150:5  151:24</p>	<p><b>population</b> 140:16  <b>porter</b> 3:4 7:17  <b>pose</b> 178:2 179:17  182:3  <b>position</b> 29:10  49:3 136:24  138:23 140:10  160:10 199:21  205:14  <b>positions</b> 157:4  <b>positive</b> 102:8  <b>possess</b> 39:2  <b>possessed</b> 38:19  <b>possibility</b> 92:25  176:1 181:10  182:1  <b>possible</b> 110:25  111:4 131:17  160:6,8 177:23  180:16 182:22  <b>possibly</b> 119:2  154:8  <b>post</b> 56:3 120:4  <b>pot</b> 200:16 201:4  201:15  <b>potency</b> 121:23  166:14  <b>potential</b> 160:19  186:22 188:3  <b>potentially</b> 181:10  <b>pounds</b> 106:22,23  <b>powder</b> 116:9,23  177:10 179:25  183:1 186:10  197:15 205:22  206:22  <b>power</b> 127:8,17,20  127:23  <b>practice</b> 77:8  83:14,21</p>	<p><b>predominate</b>  124:17  <b>preparation</b> 12:23  33:9 138:10  148:18 151:19  <b>prepare</b> 12:10  20:7,9 23:6 69:24  70:8,24 72:8  83:16 114:13,15  115:4 149:11  151:6  <b>prepared</b> 72:21  74:1,5 76:13,16  91:14 114:4 138:8  139:19,23 140:5  148:21 161:22  <b>preparer</b> 139:17  <b>prepares</b> 72:20  74:7 148:15  <b>preparing</b> 13:1,2  81:13 115:5  <b>prescribe</b> 67:23  137:6 187:23  <b>prescribed</b> 38:5  38:12 40:20 47:25  48:1 96:2 100:17  101:15,20 113:6  136:20 137:16  143:1 159:15  187:19 188:2  189:10,18 208:13  <b>prescribing</b> 99:18  126:16 137:10,20  188:13,24 192:18  <b>prescription</b> 1:6  24:18 29:23 37:22  38:10,13,15,17,19  39:6,10,12 40:19  41:1 47:21 57:18  61:19 62:10 66:23  67:14,23 79:1</p>
---	--	---	---



83:3 84:4 89:20 90:8,10 93:7 94:13,21 95:2,4,12 95:24,25 98:2 99:9 101:7,13 102:14 104:25 107:11,19,24 113:3,5,10 117:15 117:20 120:22 122:6,12 123:3,8 123:16,22 125:21 128:13 131:19 136:7,11,12,19,25 138:4 144:8,25 159:14,20,24 160:7 161:13 186:6,9 187:18 189:8,16 191:9,17 191:23 192:4,13 192:18,23 207:24 208:5 213:6 214:3 215:3 <b>prescriptions</b> 62:1 98:23 99:11 100:12 117:14,22 117:23 126:14,25 127:17 129:2,9 <b>presence</b> 158:9 204:15 211:15 <b>present</b> 3:13 12:19 35:5 169:20 173:4 195:22 <b>presentations</b> 56:1 <b>presented</b> 147:15 <b>pressed</b> 122:17 <b>pretty</b> 67:15 96:15 96:17 149:20 151:22 163:16 <b>prevalent</b> 47:19 69:20 78:11 99:16 106:7	<b>prevalently</b> 196:8 <b>prevent</b> 25:20 26:1 57:1 127:8 127:12,17,20 128:5 173:15,17 175:1 207:13 <b>preventing</b> 135:23 174:3,12,20 <b>prevention</b> 55:23 55:24 56:1 109:1 159:5 <b>prevents</b> 26:14 100:18 <b>previous</b> 21:23 37:3 44:4 153:23 <b>previously</b> 92:6 <b>primarily</b> 23:1 30:22 31:4 53:14 58:12 117:12,21 118:23 120:2,14 124:13 157:5 162:2 166:16 168:7 <b>primary</b> 17:25 18:6 98:12,15 124:17 132:8 143:21 164:6 <b>prior</b> 22:18 38:6 46:17 63:13 77:16 94:3 <b>private</b> 130:24 142:16 <b>privy</b> 89:22 <b>probably</b> 9:17,20 10:23 12:18 51:2 51:10 52:13 62:12 67:7 68:6 81:2 93:24 94:1,16 96:9,12 106:1 115:7 133:17 134:1 138:21	142:3 156:10 161:5 162:11 165:14 167:7 179:11,12 180:12 190:4 191:1 <b>problem</b> 14:9 35:6 41:21 43:21 64:6 67:17,18,24 77:13 78:4,8,21 80:15 86:4,10 90:15 91:2 93:12,17,21 95:2 97:4,14 109:5,7 111:15 112:14 114:10 122:6 124:2,4,7,9 124:10,17 128:14 130:7,10 139:24 139:25 143:6,6,12 143:16 145:14 155:11 158:24 159:2 160:16,22 161:1 164:19,21 180:2 <b>problems</b> 36:9,17 40:25 45:7 47:12 63:16 66:7,10 68:3 70:17 75:17 77:16,20,21 78:2 79:1 82:3 85:22 87:20 97:10,11,17 101:3 102:17 112:19 118:20 119:24 120:24 122:19 123:24 129:19 130:3,5 144:3,19,24 145:3 148:7 155:2 158:18 175:23 176:13 <b>procedure</b> 210:7 214:5 215:5	<b>procedures</b> 50:23 132:25 151:18 152:2,8 <b>process</b> 34:5,9 51:7 55:13 74:12 103:25 148:18 150:11 152:12 153:7 154:22 <b>produce</b> 39:2,20 43:12,16 <b>produced</b> 5:10 39:16 103:1,7,13 103:14 138:20 <b>produces</b> 203:1 <b>producing</b> 120:14 <b>production</b> 213:15 213:17,22 <b>products</b> 95:19 183:20 <b>professional</b> 30:5 32:1 <b>professionals</b> 98:25 129:2 143:25 <b>program</b> 9:17 10:1,4,7,7,9 16:10 16:14 17:15,23 18:1,18 22:8 31:19,20 35:13 41:19 42:2,4,14 43:7,15 49:10 61:20,23 73:11 78:18 80:11 83:19 85:14 99:10 145:12 161:2 164:9 189:23,24 190:3,7 207:22 209:2 <b>programs</b> 29:16 29:21 55:19,24 208:11,18
---	---	--	---

[prominent - reason]

Page 30

<p><b>prominent</b> 197:19</p> <p><b>promise</b> 207:4</p> <p><b>promoted</b> 32:4</p> <p><b>promoting</b> 164:5</p> <p><b>prompted</b> 145:18</p> <p><b>proof</b> 91:8</p> <p><b>proper</b> 192:3,12</p> <p><b>property</b> 28:11 127:10 147:3 164:1</p> <p><b>proposes</b> 154:19</p> <p><b>proposing</b> 61:2</p> <p><b>proposition</b> 199:11</p> <p><b>prosecute</b> 175:7 181:17 183:18 185:22 186:2</p> <p><b>protect</b> 207:18</p> <p><b>provide</b> 15:7 18:1 18:7,17 19:3 22:20 23:4,10,11 24:25 25:7 27:4 33:14 44:13,20 54:17 55:12 59:6 60:5,9 86:14,16,25 87:21 104:8 142:4 155:6 161:19 167:10 168:12 208:12</p> <p><b>provided</b> 7:5 9:8 12:11 24:15 33:6 33:21 34:6,18 44:19 54:15 57:24 58:2,4 64:19 77:2 88:22 90:7 138:5 138:6 161:22,25 184:10 209:10</p> <p><b>provides</b> 59:16 143:4 168:13</p> <p><b>providing</b> 27:22 126:21 156:4</p>	<p><b>proximity</b> 25:16</p> <p><b>public</b> 1:22 2:4 30:8 31:20,22 48:2 71:22 138:7 138:11 140:5,7,10 140:12,13 156:13 156:17,17,24,25 211:6 212:14 214:10,18 215:15 215:23 216:23</p> <p><b>publication</b> 49:23</p> <p><b>publicly</b> 139:14 191:9,17,23</p> <p><b>published</b> 72:15 72:16</p> <p><b>pull</b> 74:20 150:3</p> <p><b>purchase</b> 111:2,7 111:8</p> <p><b>purdue</b> 1:14</p> <p><b>purpose</b> 18:8 56:16 88:15 108:25</p> <p><b>purposes</b> 19:24 39:22 47:25 60:20 69:6 103:3 108:8 113:19 139:3 146:1</p> <p><b>pursuant</b> 13:1 210:3,6</p> <p><b>pursue</b> 84:8</p> <p><b>pursuing</b> 84:9</p> <p><b>put</b> 15:6 23:8 34:5 55:6,22 76:20 130:2 134:2 149:14 173:3 207:17</p> <p><b>puts</b> 15:5 171:6</p> <p><b>putting</b> 34:13 130:9</p>	<p><b>q</b></p> <p><b>qualified</b> 93:14 108:1 211:8</p> <p><b>qualifies</b> 18:5</p> <p><b>qualify</b> 176:18</p> <p><b>qualitative</b> 165:6 166:4</p> <p><b>quantitative</b> 165:3 166:3,5</p> <p><b>quantities</b> 106:20</p> <p><b>quantity</b> 104:11 121:2</p> <p><b>quarterly</b> 34:7,19 50:4 71:13 103:23 152:23 170:19 172:8</p> <p><b>querying</b> 99:1</p> <p><b>question</b> 11:1,4,6 11:22 12:3 16:20 33:24 74:4 96:25 112:2 120:19 129:24 165:23,25 178:16,21 188:16 193:20</p> <p><b>questioning</b> 137:10 186:7 189:22</p> <p><b>questions</b> 10:21,24 11:9,20 29:4 70:14 162:22 176:21 177:2 182:11 186:8 195:7</p> <p><b>quick</b> 162:13</p> <p><b>quickly</b> 20:22 117:1 176:21</p> <p><b>quintero</b> 201:2,6 201:15</p>	<p><b>r</b></p> <p><b>r</b> 8:6</p> <p><b>radios</b> 155:8</p> <p><b>rafael</b> 201:2</p> <p><b>raiola</b> 2:8 4:8 7:8 7:8,22 8:1 62:14 97:1 118:5 162:13 168:17 170:9 177:2 183:6 186:8</p> <p><b>raise</b> 176:4</p> <p><b>range</b> 184:6</p> <p><b>rate</b> 67:25 140:2</p> <p><b>raw</b> 131:11</p> <p><b>reaching</b> 125:22 201:18</p> <p><b>read</b> 14:11,12 61:16 99:13 150:14 214:5,6,12 215:5,6,17</p> <p><b>readily</b> 75:9 79:15 83:24</p> <p><b>reading</b> 213:19</p> <p><b>reads</b> 79:15 116:3</p> <p><b>real</b> 20:22</p> <p><b>reality</b> 122:12</p> <p><b>realize</b> 110:19 146:12</p> <p><b>really</b> 14:10 25:20 27:14 36:22 43:18 48:10 67:10 73:9 80:15 122:16 128:22 144:25 150:21,22 151:25 156:19 164:14</p> <p><b>reapplied</b> 30:18</p> <p><b>reask</b> 178:21</p> <p><b>reason</b> 12:6 33:5 76:5 81:9 101:19 118:1 142:7 158:15 163:17 174:14 213:14</p>
--	---	---	---

## [reason - reports]

Page 31

215:8 216:3 <b>reasons</b> 148:12 <b>recall</b> 9:4 61:7,10 61:15,18 77:20 78:3,7 89:24 94:11,15 121:8 161:24 162:9 190:2 209:7 <b>receipt</b> 213:18 <b>receive</b> 26:11 27:3 28:9 40:8 42:21 53:25 54:3 65:1,5 72:5,12 83:18 87:10 89:7 162:25 176:6 207:23 <b>received</b> 55:22,25 56:2,4 65:8,12 76:23 183:11,17 190:5 <b>receives</b> 83:15 176:12 <b>receiving</b> 100:22 136:19 176:1 <b>recess</b> 62:19 118:12 162:18 <b>recognize</b> 20:2 60:23 69:9,12 103:9,10,11 113:24,25,25 139:8 146:7 <b>recognized</b> 38:14 38:18 <b>recollection</b> 64:9 101:12 121:14 <b>recommendations</b> 51:16 <b>record</b> 7:2 8:5,9 11:23 62:18,21 98:8 118:11,14 162:17,20 168:22 168:25 209:21	215:9 <b>recorded</b> 36:1 <b>records</b> 65:9 <b>recreational</b> 93:11 <b>reduce</b> 156:21 <b>reduced</b> 211:14 <b>reducing</b> 99:24 <b>reed</b> 2:19 <b>reedsmith.com</b> 2:22 <b>reference</b> 52:12 116:16 213:7 214:2 215:2 <b>referenced</b> 211:13 211:18 214:11 215:15 <b>referring</b> 66:7 139:11 164:21 <b>reflect</b> 53:10 101:11 <b>reflects</b> 104:7 <b>regarding</b> 9:16 10:1 12:14 14:8 64:24 72:18 138:4 152:8 192:3,12 210:2,11 <b>region</b> 23:19 32:18 33:16 34:2 35:7 40:16,21 69:19 75:10 79:3,17 82:25 83:5 90:19 94:5,13,23 95:13 96:22 97:2 98:12 102:15 105:25 106:16 116:5 117:12 121:19 122:7,19 131:25 148:8 <b>regional</b> 96:6 133:13	<b>register</b> 41:14 42:25 <b>registration</b> 137:21 192:19 <b>relate</b> 29:22 102:18 166:17 169:13 195:8 <b>related</b> 24:18 47:7 120:23 124:23 130:4 172:13 175:23 176:13 179:21 185:10 193:2,7,11 195:3 197:9 201:4 209:15 <b>relates</b> 1:12 107:18 <b>relating</b> 120:24 <b>relation</b> 62:6 <b>relationship</b> 60:3 <b>relationships</b> 59:16 <b>relative</b> 212:2 <b>release</b> 116:8 <b>remain</b> 10:6 <b>remains</b> 75:8 116:4 <b>remember</b> 9:15 13:21 41:23 63:9 63:23 68:13 128:15 <b>remind</b> 65:23 69:16 <b>removed</b> 28:13 <b>repeat</b> 20:12 38:16 39:5 86:6 96:24 165:22 192:5 <b>rephrase</b> 10:25 95:7 <b>report</b> 5:4 19:22 20:5 21:10 34:14	36:9 43:13 44:1,3 45:17 48:10 49:5 49:25 52:17 69:25 70:25 71:1,3,15,17 75:5 76:4,6,20,23 78:17 79:4 82:5 83:6,7 86:17 89:11,18 98:8,22 101:11 102:7 103:22 104:2 114:15 115:6,8 117:12 121:13 133:1 148:19,20 148:22 149:10,15 150:4,9 151:2,3,4 151:7,17,19 152:4 153:13 161:14 166:24 171:8 172:1 175:19,19 <b>reported</b> 34:2 40:13 47:16 66:3 71:12 72:1,18 95:4 96:16 107:13 118:2 125:19 128:18 130:14,18 160:17 161:8 171:15 <b>reportedly</b> 116:6 <b>reporter</b> 4:14 7:2 10:14 11:8,16 19:17 214:7 <b>reporter's</b> 4:11 211:1 <b>reporting</b> 60:8 69:23 96:18 98:22 99:11 152:19 <b>reports</b> 20:7,9 32:22,25 33:10 34:10 43:13 47:3 48:25 49:23 64:13 64:17 67:10 68:21
--	--	---	---

70:8 71:14,20 72:11,12,15 73:25 77:24 78:13 83:15 90:23 93:23 94:7 94:16,21 95:1 96:19 106:11 141:9 148:15 149:19 153:8 171:12,19 <b>represent</b> 8:3 76:1 79:8 82:24 94:20 169:6 <b>representative</b> 170:11 <b>represented</b> 170:6 170:7 <b>representing</b> 7:13 <b>represents</b> 79:21 <b>reprogram</b> 172:20 <b>request</b> 5:6 60:18 61:1 215:9,11 <b>requested</b> 18:22 19:6 63:6 87:7 88:14 138:16 141:20 210:1,6,10 <b>requesting</b> 141:5 <b>requests</b> 19:8 50:25 161:23 172:22 <b>required</b> 18:17 43:5,12,16 50:4 152:4 153:22 213:25 <b>requirements</b> 35:10 42:13 146:19 <b>requires</b> 42:23 <b>resale</b> 126:24 127:16,20 <b>research</b> 25:3 102:20 114:20	132:7 150:7 <b>researched</b> 14:10 <b>reservation</b> 9:2 <b>resident</b> 31:2,24 <b>resources</b> 41:17 41:18 64:7 86:16 86:22 176:12 194:16 <b>respective</b> 174:13 <b>respond</b> 70:5 86:5 86:11 89:8 <b>responded</b> 191:1 <b>responders</b> 194:20 <b>responding</b> 63:1 63:20 64:1 88:23 89:1,6,7 <b>response</b> 156:9,10 156:22 157:2,16 157:17,19,24 <b>responses</b> 87:4 117:9 <b>responsibilities</b> 17:6 29:13 49:7 49:18 <b>responsibility</b> 32:2 123:23 163:10 167:24 199:12 <b>responsible</b> 29:15 85:21 158:17 198:18,24 199:5 202:15,21 206:15 206:21 <b>rest</b> 30:4 196:10 <b>result</b> 32:14 36:3 135:15 175:4 <b>resulted</b> 100:16 <b>results</b> 86:17 <b>resurgence</b> 158:6 <b>retail</b> 14:19,24 119:14 169:13,14	184:15 191:7,16 191:22 192:2,11 206:20 <b>retained</b> 4:14 <b>return</b> 27:20 28:6 <b>returned</b> 213:18 <b>review</b> 12:23 13:4 49:20 55:13 74:2 74:8,9,9,12 75:3 78:16 150:9 151:5 151:24 166:21,25 210:2,6 213:12 214:1 215:1 <b>reviewed</b> 12:11 <b>reviewing</b> 34:13 36:3 64:18 73:25 <b>reviews</b> 34:21 <b>revised</b> 151:7 <b>revising</b> 151:17 <b>revision</b> 150:11 <b>revisions</b> 151:11 151:12 <b>revoke</b> 131:2 144:13 <b>right</b> 17:20 22:7 39:18 53:6 71:1 84:20 95:11,15 105:12 111:21 115:24 116:24 119:15 136:8 150:14 151:11 152:5 153:4 155:21 165:12 169:18 171:20 174:9,16,20 175:15,16 178:24 179:25 183:6 184:14 186:5,14 187:25 193:15 195:20 197:19 198:7,14 201:4	202:2,11 203:5,8 203:16,20 204:1 205:23 207:1,5,6 208:9 209:5 <b>rise</b> 196:2 198:18 198:24 199:12 202:15 206:15,21 <b>risk</b> 186:22 188:3 <b>rite</b> 169:16 184:25 185:17 186:3 187:12 188:17,21 189:17 191:8 192:17,22 193:7 193:13 198:23 199:4 202:14,20 206:14 <b>rival</b> 110:2 <b>road</b> 2:14 <b>robberies</b> 31:8 <b>role</b> 29:14 199:22 <b>rolled</b> 106:11 <b>ropes</b> 3:9 7:19 <b>ropesgray.com</b> 3:12 <b>routes</b> 120:1 200:19 <b>rpr</b> 1:24 <b>rule</b> 50:17,21 <b>rules</b> 10:12 50:23 210:3,7 214:5 215:5 <b>run</b> 22:23 135:13 <b>running</b> 77:6 <b>rust</b> 147:5 <b>rx</b> 98:21 99:10 207:22 208:17 209:1
			<b>s</b>
			<b>s</b> 8:7 72:25 213:15 215:8,8 216:3

<b>safety</b> 31:20,22 140:13 155:8 156:17,25 164:5 <b>salaries</b> 53:7 <b>salary</b> 53:5 73:17 73:20 <b>sales</b> 15:7 147:17 <b>san</b> 2:21 <b>satisfying</b> 146:18 <b>saw</b> 67:13 77:25 121:10 <b>saying</b> 11:10,11,17 71:6 178:23 <b>says</b> 25:11 43:1 61:3,16 75:6,8,18 75:20,24 76:4 79:7,20 82:22 98:10,20 109:19 117:17 129:5 146:18 149:1 150:23 164:14 <b>sboranian</b> 2:22 <b>scale</b> 164:14 <b>schedule</b> 23:7,9 <b>schools</b> 55:24 <b>sciota</b> 95:20 <b>scioto</b> 68:24 <b>sea</b> 196:13 205:4 <b>seal</b> 212:6 214:15 215:21 <b>search</b> 35:19 165:9 <b>searched</b> 55:20 <b>searching</b> 13:13 <b>season</b> 30:10 <b>second</b> 2:20 18:16 52:20 53:2 75:4 109:16 137:5 <b>secretary</b> 150:3 <b>section</b> 32:4,5 79:20 82:8 149:22	151:24 <b>sections</b> 148:25 149:4 <b>security</b> 46:10 <b>see</b> 21:2,2 23:2 34:16 35:4 36:7 36:21 44:24 47:9 47:15 49:4 51:4 52:16,16 61:16 64:4 67:21 69:12 71:6 75:6,10,21 78:14 79:5,11 82:9,20 83:1 84:9 85:25 86:7,15 90:21 92:18 93:6 93:25 99:6 105:5 105:7,8,21 106:9 106:20 107:13 112:8 116:1,11 118:24 130:17 139:24 140:23 146:19 147:18,19 171:18 <b>seedless</b> 201:8 <b>seeing</b> 27:25 35:4 35:5 36:14 40:6 40:24 42:10 48:6 48:14,16 66:1 70:15,18 71:23 75:17 89:25 90:5 90:13 96:16,18 98:1 99:15 107:9 110:11 112:6 115:20 117:18 120:24 121:6 122:6 155:2 158:6 180:15 194:2 <b>seek</b> 87:11 175:21 <b>seeking</b> 87:1 88:10 142:2	<b>seen</b> 47:6 64:12,22 77:12 92:5,13 105:25 109:24 110:6 115:18 116:14 123:2 132:5 138:5 176:23 182:20 <b>sees</b> 171:21 176:17 <b>seize</b> 84:10 94:9 <b>seized</b> 28:10 71:4 71:5 96:13 104:12 104:21 105:14,17 105:22,25 106:15 106:18,25 107:4 107:10 121:3 122:15 124:19 128:19 131:10,13 132:2 143:7 150:15 <b>seizing</b> 46:21 69:21 70:16 90:22 93:8,9 94:8 97:18 106:22 140:22 143:8 164:18,20 166:11,15 <b>seizure</b> 35:20 65:25 71:11 72:3 74:20 93:6 97:15 102:21 103:16,19 105:3 106:14 124:24 132:12,12 132:14,19,20 133:2 161:7,12 162:1 194:3 <b>seizures</b> 34:18 36:8 47:16 48:11 67:11 71:10,25 90:2 95:17 106:22 107:14 121:2 128:17 135:16 153:11 154:3	160:19 163:25 164:1 166:1,9 <b>sell</b> 119:14 122:24 <b>selling</b> 25:12,22 178:19 199:8 <b>send</b> 70:7 83:21,22 <b>sense</b> 11:1 86:21 131:5 151:25 <b>sent</b> 70:6,9,21 77:5 207:17 <b>sentence</b> 75:23 79:6 117:8 146:22 <b>september</b> 108:19 <b>series</b> 182:11 <b>serious</b> 172:13 <b>set</b> 18:22 25:15 28:20 30:1,2 50:19 51:3 54:12 54:13 151:23 212:6 <b>sets</b> 152:3 <b>setting</b> 154:16 <b>sexual</b> 9:1 <b>share</b> 44:13 76:13 123:23 140:12 164:2 <b>shared</b> 83:8 144:5 <b>shares</b> 209:15 <b>sharing</b> 42:4,11,12 49:15 80:14 134:12 156:25 <b>sheet</b> 108:17 213:13 215:7,10 215:18 216:1 <b>sheriff</b> 170:14,15 <b>sheriff's</b> 59:4 70:13 <b>sheriffs</b> 46:13 <b>shifting</b> 92:14 <b>ship</b> 196:7
--	--	--	--



<b>shipment</b> 40:10	<b>significant</b> 75:9	<b>society</b> 199:20	<b>southeastern</b>
<b>shipments</b> 207:17	76:1,18 79:8,16	<b>sold</b> 89:13 98:16	67:15 160:15
<b>shipped</b> 40:11,15	82:3,24 83:4	122:5,11 123:3	161:1
<b>shoppers</b> 129:15	93:17,21 176:5	177:9 208:23	<b>southern</b> 27:1
144:2	<b>signing</b> 213:19	<b>sole</b> 189:7,14	45:25 46:2 68:1
<b>shopping</b> 100:18	<b>similar</b> 96:10	<b>solutions</b> 3:2	<b>southwest</b> 118:21
117:13,22 126:3	<b>simply</b> 111:7	213:1 216:1	119:3 158:1
<b>shortly</b> 73:3	<b>sinaloa</b> 119:11,20	<b>somebody</b> 25:18	<b>spaces</b> 23:17
204:12	201:25	46:16 71:6 83:20	<b>speak</b> 11:15
<b>shoulder</b> 137:15	<b>sincerely</b> 213:21	84:1 89:12 100:22	176:16
208:4	<b>single</b> 52:4 174:17	100:24 103:14	<b>speaking</b> 11:15
<b>show</b> 26:10 56:23	189:6,13 192:15	139:23 140:4	170:22
57:9 122:3	192:21	161:8 164:4	<b>specgx</b> 3:9 7:20
<b>showed</b> 64:13	<b>sir</b> 16:15,24 17:5	165:15	<b>special</b> 29:7 32:8
<b>showing</b> 102:7	20:18 21:21 29:20	<b>somebody's</b> 49:1	46:3,6,7,8,10
<b>shown</b> 160:19	58:25 73:22 75:22	163:18	170:13
213:16	77:14 79:18,22	<b>son</b> 137:14 208:4	<b>specific</b> 25:13 43:4
<b>shows</b> 35:17	82:10,21 85:9	<b>sooner</b> 101:1,5,7	44:17,21 45:4
101:14 102:5	165:1 170:20	<b>sophisticated</b>	59:10,17 64:8
153:2	175:17 176:25	165:6	78:13 88:15
<b>shut</b> 67:16 68:8	213:10	<b>sorry</b> 160:24	114:25 130:12
158:23	<b>sit</b> 81:15	192:7	131:18 142:6
<b>side</b> 72:8 91:21	<b>sits</b> 22:3 45:23	<b>sorts</b> 63:16	155:24 176:17
109:12 115:16	<b>sitting</b> 172:5	<b>sought</b> 55:14,15	193:1,6,12
<b>sides</b> 26:10	<b>situation</b> 207:15	182:24 185:22	<b>specifically</b> 13:3
<b>siegel</b> 7:23 8:7	208:7	186:2	13:24 30:3 60:6
62:22 69:10	<b>size</b> 163:9	<b>sound</b> 35:21 153:4	63:24 65:18 84:21
108:14 118:15	<b>slice</b> 173:8	<b>sounds</b> 62:11	88:22 94:14,15
162:21 168:19	<b>small</b> 85:16 107:3	<b>source</b> 56:18,25	103:11 104:24,25
169:3 178:23	<b>smart</b> 56:2	91:15 98:15	133:8 139:20
206:12	<b>smith</b> 2:19	102:13 119:4,18	<b>specifics</b> 130:18
<b>siegle</b> 1:19 4:7 7:4	<b>smuggled</b> 195:19	123:15	201:12
7:14,21 169:1	196:12 197:10	<b>sources</b> 99:24	<b>specified</b> 211:21
211:9 213:8 214:4	204:24 205:4,23	120:8,9,11	<b>speculation</b> 15:10
214:9 215:4,13	206:15,22	<b>sourcing</b> 34:9,12	112:14 199:23
216:20	<b>smuggling</b> 126:10	<b>south</b> 3:5 195:15	<b>spell</b> 8:4
<b>sign</b> 11:5	201:15	196:9 201:16	<b>spelling</b> 150:13
<b>signature</b> 210:5	<b>snort</b> 187:4,14	<b>southeast</b> 67:19	<b>spend</b> 18:4 86:15
212:13 213:14	<b>snorted</b> 186:10	68:23 77:13	146:14 194:16
<b>signed</b> 214:13	<b>social</b> 25:3	158:22 160:22	<b>spending</b> 22:11
215:18		204:15,21	56:11

[spent - suggest]

Page 35

<b>spent</b> 22:7 27:16 27:17 31:11 49:14 <b>spiked</b> 196:1 204:11 <b>spoken</b> 15:15 174:18 209:4 <b>spread</b> 28:24 <b>spreadsheet</b> 5:10 64:24 103:1,7 <b>spring</b> 9:17 <b>squad</b> 29:24 30:24 31:16 59:20,23 61:13 <b>square</b> 1:22 2:4 <b>sraiola</b> 2:11 <b>ss</b> 211:3 <b>stable</b> 116:4 <b>staff</b> 52:23 <b>staffed</b> 19:4 <b>stamped</b> 19:18 60:15 69:1 <b>stand</b> 106:7 <b>standard</b> 83:19 172:18 <b>standpoint</b> 136:13 137:4 191:12,13 <b>start</b> 63:11 <b>started</b> 17:3,4 24:8 36:4 47:15 77:22 78:13 80:25 81:3 85:14,25 86:7 87:4 92:6 93:25 97:16 112:8 122:3 156:8 159:14 160:6 197:21 203:23 <b>starting</b> 47:9 160:7 <b>starts</b> 144:21 <b>state</b> 8:4,8 9:12 10:5 27:4 41:19	44:11 51:20,24 52:9 53:25 54:20 66:3 68:8 70:14 84:13 85:17 87:15 87:19,25 88:7 101:1 131:4 133:15 134:9,10 157:9 172:12 178:3 179:20 207:23 211:2,7 212:15 214:10 215:15 <b>state's</b> 99:9 <b>statement</b> 124:4 147:21 214:13,14 215:19,19 <b>states</b> 1:1 46:1 133:6 144:23 195:19,23 196:10 196:25 197:8,24 200:12,17 201:18 202:8 203:11,14 204:2,11 206:16 206:23 <b>stating</b> 99:14 <b>statistical</b> 34:25 60:8 104:1 114:17 115:17 142:4 149:13 152:24 <b>statistically</b> 154:1 <b>statistics</b> 49:6 65:2 104:6 106:14 130:18 131:7 149:6 <b>statute</b> 7:5 <b>statutory</b> 146:18 <b>stays</b> 163:16 <b>steal</b> 129:6 <b>steel</b> 147:8 <b>stenotypy</b> 211:14	<b>step</b> 148:18,18 <b>stephen</b> 2:8 7:8 8:1 <b>stephens</b> 2:14 4:9 7:10,10 96:24 169:2,5 207:4 209:19 <b>steroids</b> 106:3 <b>stettinius</b> 2:3 7:13 <b>steven</b> 2:19 <b>stole</b> 144:8 <b>stolen</b> 117:14,22 <b>stop</b> 32:7 127:23 136:19 180:14 <b>stores</b> 2:13 <b>story</b> 30:11 <b>strategies</b> 133:24 155:19,24 174:25 <b>strategy</b> 43:14 44:2,6 115:14 134:7 153:8,19 154:15,17,19,23 155:13,18 156:9 156:10,11,23 157:3,16,17,19,25 158:12 171:8,25 176:3 <b>street</b> 2:9,20 3:5 8:10 28:13 56:2 67:1,2,5 112:16 122:21,22 130:10 170:24 177:3,9 178:1,14,16,20 179:3 182:2 197:14,23 198:2 <b>streets</b> 101:22 179:16 <b>strike</b> 33:23 76:11 91:12 101:3 105:11 110:14 122:9 128:11	135:24 140:14 150:24 155:22 <b>stringer</b> 3:14 <b>structure</b> 20:19 35:13 45:14 <b>struggling</b> 63:1 86:1 <b>stuff</b> 72:9 134:14 150:7 <b>subcommittee</b> 9:16 50:17,21 51:1,5,8,15 <b>subcommittees</b> 9:13 50:12,16 <b>subheading</b> 146:22 <b>subject</b> 26:6 <b>subjects</b> 25:3 26:16 118:6 <b>submission</b> 151:2 <b>submit</b> 55:10 151:3 <b>submitted</b> 61:10 63:10 153:23 <b>submitting</b> 61:10 <b>subpoena</b> 12:13 13:2,18 <b>subscribed</b> 214:10 215:14 216:21 <b>substance</b> 92:14 <b>substances</b> 59:11 64:15 125:16,17 <b>substantially</b> 106:24 <b>successful</b> 10:10 30:18 87:14 <b>suffered</b> 147:23 <b>suffering</b> 173:23 <b>suggest</b> 199:11 202:14
--	--	---	--

## [suggested - teams]

Page 36

<b>suggested</b> 202:20 206:19 <b>suggesting</b> 198:17 206:13 <b>suggests</b> 191:16,22 198:23 199:4 <b>suite</b> 1:22 2:4,20 213:2 <b>summaries</b> 175:18 <b>summarize</b> 30:4 <b>summary</b> 44:4 64:21 <b>summit</b> 24:3,6 57:22 58:5,6,24 59:1,4 65:6 66:5 68:16 76:21 78:8 83:9 89:25 96:7 96:12 161:4 167:3 167:5,5,18 168:14 193:3,9 194:4 198:6 <b>superior</b> 213:1 <b>supervised</b> 31:15 <b>supervisor</b> 31:14 <b>supplement</b> 55:4 <b>supplemental</b> 87:8 156:16 172:23 176:2,18 <b>supplied</b> 182:15 <b>supplying</b> 183:1 <b>support</b> 19:3,4,7 19:10,13 21:17 24:21,24 35:3 57:21 70:6,11 71:1,2,23 149:25 <b>supposed</b> 134:15 <b>sure</b> 16:19 22:7 27:15 34:11,24 35:9,14 62:16 73:15 74:21 75:1 95:8 107:12 125:9	134:11 136:9 148:20 151:20 157:10 162:15 192:8 205:2 <b>surge</b> 109:24 <b>surgery</b> 137:15,16 208:4 <b>surprise</b> 94:19,24 95:3,6,10,16,23 105:10,19 121:20 142:19 <b>surprised</b> 94:25 <b>surveillance</b> 25:12 <b>survey</b> 70:5,21 114:19 117:10 153:14 <b>surveys</b> 70:7 72:4 <b>suspicious</b> 141:9 <b>swear</b> 7:3 <b>switch</b> 92:18 118:6 <b>switched</b> 116:10 <b>switching</b> 91:4 92:8 <b>swore</b> 10:14 <b>sworn</b> 7:6 211:10 214:10,13 215:14 215:18 216:21 <b>synthetic</b> 193:23 <b>system</b> 25:8,15 34:6,20,21 49:1 72:3 98:22 99:11 102:5 103:22 142:20 164:2 166:19	<b>taft</b> 2:3 7:12 <b>taftlaw.com</b> 2:5 <b>take</b> 11:5,14 50:6 50:8 54:7 62:14 110:21 118:5 155:20 159:5 162:13 163:12 187:18,24 188:12 188:22 208:2,8,12 208:22 <b>taken</b> 1:21 62:19 117:19 118:12 134:18 162:18 185:23 186:3 191:6 211:20 <b>takers</b> 204:18 <b>takes</b> 110:16 <b>talk</b> 13:7 22:24,25 24:22 26:17 35:17 79:24 81:18 109:2 142:22 150:8 169:8,10,12,14 171:3 182:10 183:8 184:14 186:5 193:15 205:15 <b>talked</b> 21:23 22:17 25:1 49:24 62:23 125:6 141:11 173:19 199:20 <b>talking</b> 63:19 108:18 116:16 118:17 125:15 169:15 <b>talks</b> 34:17 79:5 <b>tar</b> 177:10 183:1 205:22 206:21 <b>target</b> 26:6 124:12 <b>targeting</b> 85:20 <b>targets</b> 25:3	<b>task</b> 17:10 18:2,8 18:19 19:7,15 20:25 21:4 22:9 22:22 26:19,22,22 27:7,8 28:8,16,25 30:1 34:18 42:17 42:19 43:24 44:20 44:23,24 45:11 47:17 53:20 56:10 57:5 58:5,6,8,9,15 58:20,24 59:1,3,9 59:17 60:10,12 61:4,6,14 62:10 66:1 68:21 69:22 71:5,12 77:4,6 78:15 80:21 81:17 84:8 86:24 97:8 103:21 104:5 114:19 115:19 119:9 122:15 133:9 134:2 135:11 143:9 149:7 153:15 154:2 155:15 156:1 163:9,13 166:21 167:6,8,16 167:17,20,22 168:2 170:7 172:17 173:4,7 184:10,11 185:8,9 185:16 195:4 <b>tax</b> 30:10 <b>taxes</b> 147:3 <b>team</b> 56:8,17 88:21 89:11 167:12 168:6 <b>teams</b> 56:6 57:22 60:6 62:23 63:12 64:12 87:3 156:6 161:18 172:25
	<b>t</b>		
	<b>table</b> 172:5 <b>tables</b> 34:16 153:10,12 163:22 <b>tabulated</b> 171:19 <b>tactical</b> 59:19,22 60:6 61:12		

<b>technical</b> 37:24 85:3	146:6 168:18,20 206:10	112:2,15 115:18 117:2 121:21	171:7,25 172:6 173:2 178:3
<b>technology</b> 51:8	<b>theft</b> 117:15,23	123:20,25 125:12	179:17 182:3
<b>telemarketing</b> 8:25	126:5,12 127:8,11 127:12 128:6	129:17,23 134:6 135:23 140:19	<b>threats</b> 32:17 55:8 76:1 86:21,23
<b>tell</b> 12:1 18:13 25:17 30:11 90:25	147:17	141:2 142:8,18 144:18,20,21,23	171:3 172:14
<b>ten</b> 32:11 185:6	<b>thefts</b> 126:3	148:11 157:15 164:15 168:17	<b>three</b> 14:18 21:7 23:25,25 29:11
<b>tend</b> 170:10	<b>theirs</b> 147:2	179:14 181:9 199:16	32:6 41:22 43:13 43:15 49:23 51:2
<b>tenth</b> 2:9	<b>thing</b> 18:16 19:2 62:13 84:9 122:1	<b>thinking</b> 141:5	51:10 56:9 62:24 65:10 141:21
<b>tenure</b> 43:23 78:5 94:18 169:11	138:9 155:8,25 165:13,18	<b>thinks</b> 176:5	154:14 171:7 187:24 190:4,20
173:13 176:23 177:7 178:11,24	<b>things</b> 9:23 19:5 19:13 25:1 26:15	<b>third</b> 19:2 98:20	190:25 208:8
179:7,22 180:20 182:19 183:8,17	28:19 31:8 35:17 43:4,20 46:20	<b>thorough</b> 81:6	<b>tie</b> 125:3 140:21 193:11
185:21 186:1 188:9,19 189:2 192:16	51:9,11,13 53:18 54:21 55:6 64:25	<b>thought</b> 88:2 145:11,13	<b>tied</b> 125:5 168:16 182:7
<b>term</b> 14:10,16 46:19 60:13 65:22	65:20 67:11 72:13 72:16 77:25 80:14	<b>thousand</b> 177:22 179:11 181:8	<b>ties</b> 201:24,25
65:24 66:16,17 125:7 138:1 141:8	84:10 85:3 87:9 87:16 91:25 109:9	190:13	<b>time</b> 11:16 12:14 25:19 47:6,13,14
<b>terminology</b> 36:19	109:12 111:19 114:18 115:22	<b>thousands</b> 70:2 183:11	53:19 56:12 61:9 64:3 68:2,15
<b>terms</b> 37:10 96:8 124:16	125:1 134:22 142:4 149:14	<b>threat</b> 5:8 33:15 43:14 44:1,5,6,7,8	69:20 77:19 78:3 78:7,19 79:24,25
<b>testified</b> 8:12,15 9:5,8,11,16,19,25	154:9 155:6,9 162:10 164:9	70:19 72:8,20,21 73:25 74:4,7,13	80:18 94:11 97:3 106:23 114:11
48:13 77:10 95:9 139:13 143:10,20	165:9 172:25 173:21	75:10,13 76:12,17 76:19,25 78:24	116:8 121:3,10 128:10,12 145:13
158:21 160:14 169:18 205:21	<b>think</b> 8:24 15:1 36:15 42:4,10,25	79:11,14,16,21,25 80:2,23 81:3,6,14	146:14 162:19 178:6 202:4
<b>testify</b> 8:18 211:10	47:24,24 48:1,2 52:3,4 57:6 66:9	82:1,24 83:5 90:19 91:14 94:4	204:16 207:3 211:20
<b>testifying</b> 10:17,19	68:9 77:21 80:12 80:24 81:1 85:12	94:12,22 95:5,13 96:22 97:2 98:10	<b>timeframe</b> 64:9 68:22 78:12 93:25
<b>testimony</b> 9:8 10:2 10:18 12:7 183:7	85:18 86:15 88:10 90:25 95:21 97:14	98:12 114:9,13,19 115:4,9 117:2	<b>times</b> 9:18 50:5 88:14 99:1 151:8
209:7 211:13,17 214:6,7 215:6,9,12	100:4,6 101:23 102:5 107:25	142:5 153:8,14,21 154:1,11,12,13	<b>tire</b> 147:9
<b>texas</b> 157:11	109:16 111:15	164:24,25,25	<b>title</b> 35:18 109:3 153:5 165:9,14
<b>thank</b> 7:25 11:3 118:16 139:7			

[today - uh]

Page 38

<b>today</b> 7:25 10:12 10:15,17 12:7,24 13:10,25 20:20 48:14 81:12 84:3 90:9 93:5,17 97:10 102:18 109:20 112:5,12 112:20 113:4 132:22 142:24 143:2 144:19 169:8,15 170:9 181:12 184:12 198:6 199:20 <b>today's</b> 12:10 57:10 <b>told</b> 13:16,24 40:17 89:16,23 91:18 139:16 154:2 <b>toledo</b> 42:8 46:12 147:6,11 <b>tools</b> 174:6 <b>top</b> 24:13,19 41:23 67:11 84:13 117:8 <b>topic</b> 195:6 207:1 <b>topics</b> 169:7,12 <b>total</b> 103:17 104:10 131:19 <b>touched</b> 37:4 <b>town</b> 13:20 <b>toxicology</b> 65:15 <b>track</b> 56:20,25 71:10 100:23 135:18 195:10 <b>tracked</b> 99:12 <b>traditional</b> 26:21 <b>traffic</b> 180:8,22 183:13,19 204:17 <b>traffickers</b> 123:21 124:6 157:9 168:8 200:15	<b>trafficking</b> 5:3,15 16:10,14 17:22 19:21 26:23 32:17 34:1,17 35:11,14 41:5 44:14 84:16 84:18,22 85:8,20 88:18 98:17 102:13,23 106:5 113:16 119:1,5,19 120:16 121:1 123:4,7,17 124:12 124:22 129:11 133:14 143:19 158:17 163:23 164:17 165:4 166:2 168:9 175:8 178:17 179:2,15 180:7,21 181:14 181:17,18 182:14 182:25 183:12,19 196:1 200:16 201:3 202:16,22 207:16 208:21 209:1 <b>trainers</b> 18:24 <b>training</b> 16:5 18:17,18,18,22,23 21:17 22:5,8,18,19 22:20 23:5,6,6,10 24:14 42:3,10 44:14 45:20 149:23,24 164:8 <b>trainings</b> 24:11,17 <b>tranquilizer</b> 40:2 40:4 <b>transcribed</b> 211:16 214:7 <b>transcript</b> 4:1 210:3,6,9,11 213:11,12 214:5 214:12 215:5,11	215:17 <b>transcription</b> 211:17 <b>transferred</b> 31:1 31:10,13,18,23 <b>transition</b> 176:20 <b>transport</b> 201:9 <b>transportation</b> 88:7 <b>transported</b> 98:16 <b>transporting</b> 199:7 <b>treat</b> 117:10 <b>treatment</b> 109:1 109:12 115:21 129:23 159:4 160:13 <b>trend</b> 142:3 <b>trending</b> 90:18 <b>trends</b> 32:18 34:2 36:5 96:8 110:1 140:17,20,25 <b>trials</b> 8:21,22,23 <b>triangle</b> 203:5 <b>tribal</b> 44:12 <b>tried</b> 89:7 141:17 <b>trucks</b> 200:20 <b>true</b> 111:9 161:4 166:9 179:4 182:8 182:16 195:23 198:10,11,12 206:6 211:16 <b>truth</b> 211:11,11,12 <b>truthful</b> 12:7 <b>try</b> 12:2 59:6 63:8 155:10 175:7 177:1 181:17 <b>trying</b> 111:8 174:25 <b>turn</b> 17:20 20:11 75:4,19 79:10	82:6 98:6,7 115:23 117:1,5 146:14 180:18 200:3 <b>turned</b> 24:16 103:12 <b>turnover</b> 13:1 <b>turns</b> 11:15 <b>twinsburg</b> 30:17 <b>two</b> 14:7 25:9 26:25,25 30:17 31:11,11,16,16,25 32:3,6 46:20 51:10 53:13 65:10 68:22 74:23 80:4 81:4 94:2 126:4 138:22 141:21 154:14 156:20 157:4 167:24 194:15 208:8 <b>tying</b> 199:25 <b>type</b> 8:23 11:17 40:10 45:4 106:4 115:20 161:14 209:2 <b>types</b> 18:15 19:12 38:2 72:9 90:3,5 114:23 115:21 176:22 177:13,18 <b>typical</b> 96:17 <b>typically</b> 81:23 92:24 <b>typing</b> 11:8
<b>u</b>			
<b>u.s.</b> 21:12 26:25 45:25 46:4 108:18 145:10 146:10 170:12,12 <b>uh</b> 11:12 75:12 99:7 152:6			



<b>ultimate</b> 49:25	78:7 82:13 91:9,9	<b>versus</b> 55:5 115:14	50:23 51:13 56:23
<b>undercover</b> 18:21	92:18 99:15	140:22 165:15	62:14 73:14 95:8
26:1	100:15 114:12,14	<b>vet</b> 173:6	118:5 120:20
<b>understand</b> 10:16	116:24 141:22	<b>victim</b> 189:9,17	142:22 148:14
10:22,24 14:17,23	147:18 173:20	<b>victim's</b> 57:15,18	149:2 150:8 169:7
15:3 34:11 38:4	192:3,12 203:14	<b>video</b> 6:1	169:8 170:4 177:3
38:11 140:12	204:10 209:10,16	<b>videographer</b> 3:14	178:15,15 195:6
151:20 178:22	<b>useful</b> 139:21	7:1 62:17,20	206:10
190:23	<b>user</b> 91:22 125:23	118:10,13 162:16	<b>wanted</b> 87:20
<b>understanding</b>	<b>users</b> 48:14 49:4	162:19 168:21,24	165:24 185:9,16
14:1,3,5,13 38:1	85:6,15 91:19	209:20	<b>wants</b> 77:4 83:20
56:22 57:4 59:24	111:18,19 128:25	<b>videotaped</b> 1:18	84:1 173:3
61:24 100:19	159:22 204:18	<b>vietnam</b> 204:11,12	<b>war</b> 204:11,12
186:15,20 189:23	<b>uses</b> 38:14,18	206:16	206:16
193:22	<b>usually</b> 43:20	<b>view</b> 160:4 208:17	<b>warrants</b> 35:19
<b>understood</b> 11:6	57:11 64:20 65:19	<b>violence</b> 147:17	165:9
<b>unemployed</b>	106:19 123:13	<b>voice</b> 108:1	<b>warren</b> 46:13
147:13	<b>v</b>	<b>volume</b> 166:10	<b>washington</b> 2:10
<b>unit</b> 21:6 31:13,19	<b>v</b> 1:13 213:6 214:3	201:10	9:14 32:1
<b>united</b> 1:1 46:1	215:3	<b>w</b>	<b>way</b> 20:20 80:8
195:19,22 196:10	<b>valid</b> 137:20	<b>waived</b> 213:19	88:3 92:1 101:10
196:25 197:8,24	192:19	<b>wal</b> 2:12	117:25 130:2
200:12,17 201:18	<b>validly</b> 136:20	<b>walgreens</b> 169:16	132:21 135:18
202:8 203:11,14	<b>value</b> 28:12	184:25 185:18	147:20 159:6
204:2,11 206:16	<b>varied</b> 149:5	186:3 187:12	171:25 172:16
206:23	<b>various</b> 18:20	188:16,21 189:16	188:6 196:21
<b>units</b> 105:21,22,23	33:15 35:20 52:14	191:8 192:17,22	201:21 205:10
128:1	55:8 70:12 71:19	193:7,13 198:23	207:18
<b>unlawful</b> 129:2	92:19 103:18	199:4 202:15,21	<b>ways</b> 82:15 125:25
<b>update</b> 65:14	199:19	206:14	134:4
149:13	<b>vast</b> 109:22 110:8	<b>walmart</b> 2:12 7:11	<b>we've</b> 23:20 49:24
<b>updated</b> 21:9	147:14	169:6,16 184:19	55:20 131:10
153:25	<b>verified</b> 152:12	185:10,23 187:2,7	<b>wears</b> 22:6
<b>updates</b> 175:13	<b>verify</b> 36:1 152:20	188:10 189:9	<b>week</b> 64:22 157:20
<b>upper</b> 31:2	<b>veritext</b> 213:1,7	191:8 192:17,22	<b>weekly</b> 64:21
<b>ups</b> 87:6	216:1	193:2,13 198:17	65:12,13
<b>upwards</b> 200:8	<b>veritext.com.</b>	199:4,11,25	<b>weight</b> 107:6,15
<b>usage</b> 100:23	213:17	202:14,20 206:13	<b>weighted</b> 164:14
<b>use</b> 32:25 48:4	<b>versa</b> 157:12	<b>walsh</b> 16:1	<b>welcome</b> 118:15
54:5 65:16,21	<b>verse</b> 157:12	<b>want</b> 25:17 29:3	<b>welfare</b> 147:14
70:3,24 71:2,16		30:13 35:13 36:19	

## [wendy - zip]

Page 40

<b>wendy</b> 1:24 211:6 212:14	109:10 134:10 143:9 152:17 165:15 166:7 170:24 178:19	190:5,25
<b>went</b> 31:25 77:8 80:4,25 193:16	<b>works</b> 73:18 169:9	<b>years</b> 23:3 29:12 30:9,18 31:5,11,12 31:17,25 32:3,6,12 46:22 51:2,10 55:16 56:9 62:24 65:10 77:12 78:10 80:4 81:4 91:13 94:2 95:18 98:3 109:21,23 110:10 115:8 133:16,17 134:1 138:22 141:21 147:23 153:23 155:23 176:8 185:7 190:4 190:21 195:11 198:15,16 200:9 200:13
<b>west</b> 8:10 158:1	<b>world</b> 203:2	<b>yield</b> 201:9
<b>western</b> 21:8,13 24:1 46:5	<b>worse</b> 97:13,15,17	<b>york</b> 3:11 118:24
<b>whereof</b> 212:5	<b>write</b> 63:11 87:6 129:2 154:21 161:21	<b>youngstown</b> 46:12 147:7,8
<b>white</b> 8:24 30:22 31:4,15	<b>written</b> 166:20	
<b>wholesale</b> 28:12	<b>wu</b> 2:8	
<b>widely</b> 93:10	<b>x</b>	
<b>wireless</b> 31:20	<b>x</b> 35:18 150:15 153:3	
<b>wise</b> 154:1	<b>xanax</b> 37:16	
<b>wishes</b> 45:18	<b>y</b>	
<b>witness</b> 2:2 7:3 16:21 118:8 162:15 168:18,20 211:9,14,15,18 212:5 213:8,11 214:1,4,11 215:1,4 215:15	<b>y</b> 153:3 <b>yeah</b> 8:6,22 14:3 17:20 20:13 21:3 38:11 39:5 68:5 73:7 116:18 117:4 153:9 161:5 165:25 172:15 189:25	<b>z</b>
<b>witness's</b> 210:2	<b>year</b> 20:8,10 22:21 23:8 27:18,24 30:24 33:9,12,13 44:4 47:19 50:5 54:11,25 55:1 71:7,7 97:21 100:4 103:17 104:10,16 109:23 115:15 118:3 131:9,20 138:21 149:9,11,12,17 154:14,20,24 163:1,6,16,16 166:21 167:4,11 172:16,18 176:8	<b>z</b> 153:3 <b>zip</b> 140:1
<b>witness'</b> 213:14		
<b>word</b> 160:24		
<b>work</b> 10:5 13:9 29:6 44:22 51:18 70:4 73:24 86:12 86:14,20 87:16 118:7 128:23 147:3 168:2,7 171:16 191:15,21 195:9		
<b>worked</b> 29:16 30:7 30:8,12,22,23 31:4 31:25 84:13		
<b>workers</b> 19:1		
<b>working</b> 17:4 26:16 45:11 59:14 69:22 86:8 89:10 90:5 96:11 97:12		

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

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